M07000026678

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000246469 3)))

H07000246469ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

REINSTATEMENT

0107

LS

LIMITED LIABILITY REINSTATEMENT

LATHAM MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02 3
Estimated Charge	$300.00

FILED
2007 OCT -4 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

October 4, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LATHAM MANAGEMENT LLC
110 BANK STREET, APT. 4D
NEW YORK, NY 10014

SUBJECT: LATHAM MANAGEMENT LLC
REF: M03000002678

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

FAX Aud. #: H07000246469
Letter Number: 407A00058025

RECEIVED
07 OCT -4 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 – Tallahassee, Florida 32314

FILED

2007 OCT -4 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E041 (1/07)

DOCUMENT # M03000002678

1. Limited Liability Company's Name

Latham Management, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
76 West 36 Street	Same
Suite, Apt. #, etc. Suite 801	Suite, Apt. #, etc.
City & State NY, NY	City & State
Zip 10018 Country USA	Zip Country

4. State/Country of Formation NY

5. Date Organized or Qualified To Do Business in Florida 7/1/03

6. FEI Number 57-1135[illegible] ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Barbara London

Street Address (P.O. Box Number is Not Acceptable): 11760 Arcadia Bay Court

Suite, Apt. #, Etc.:

City: Delray Beach State: FL Zip Code: 33446

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] London — REGISTERED AGENT MUST SIGN — Date: 10/1/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Ron Beit	500 E. 77th St.	NY, NY 10162

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [signature] Date: 10/1/07 Daytime Phone#: 212-685-78[illegible]

Typed or printed name of signing Managing Member/Manager: Ron Beit