

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
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Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
FIT HUD PRESIDENTIAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,626.25

S. HAWKES
NOV 30
EXAMINER

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Corporate Filing Menu

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11/25/2015 3:33:00 PM From: To: 8506176384(2/2)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # MO4000000854

1. Limited Liability Company's Name
FIT HUD Presidential LLC

2. Principal Office Address - No P.O. Box # 1345 Ave of the Americas Suite, Apt. #, etc. 15 th Fl City & State New York, NY Zip 10105		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country USA	
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4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 3/3/2004	
6. FEI Number 20-0295108	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 S Pine Island Rd		
Suite, Apt. #, Etc.		
City Plantation	State FL	Zip Code 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Ange Sharer

Date 11/25/2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
COO & Secretary	Randal Nardone	1345 Ave of the Americas, 45 th Fl	New York, NY 10105
CEO & President	Wesley Edens	1345 Ave of the Americas, 45 th Fl	New York, NY 10105
REINSTATEMENT <u>2005-2015</u>			S. HAWKES NOV 30 A.M. EXAMINER

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager Randal Nardone

Date 11-25-2015

Daytime Phone # 212-798-6100

Typed or printed name of signing Authorized Representative/Manager /s/ Randal Nardone