M04000003597

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 FEB -3 PM 2:17
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600167885436

CR2E041 (11/09)

DOCUMENT # M04000003597

1. Limited Liability Company's Name

Sandy Lane Development LLC

09

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
11 Madison Avenue		11 Madison Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
New York, New York		New York, New York	
Zip	Country	Zip	Country
10010	USA	10010	USA

4. State/Country of Formation: Delaware, USA

5. Date Organized or Qualified To Do Business in Florida: 09/01/2004

6. FEI Number: 030547802 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee | State: FL | Zip Code: 32301-2525

☐ 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: _____ Matthew Young as its agent Date: 2/2/10

REGISTERED AGENT MUST SIGN

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
MGR	Sandy Lane Holdco LLC	11 Madison Avenue	New York, New York 10010
	REINSTATEMENT 2009-2010		

11. E-mail Address: linda.gardener@credit-suisse.com
(To be used for future annual report notifications)

12. 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: _____ Date: 1/28/2010 Daytime Phone #: 212-538-4247

Typed or printed name of signing Managing Member/Manager: STEPHEN VANLANER

CSC

CORPORATION SERVICE COMPANY

M04000003597

ACCOUNT NO. : I20000000195

REFERENCE : 272496 4312639

AUTHORIZATION : Lynn Helenon

COST LIMIT : $ 412.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB -3 PM 2:17

ORDER DATE : February 2, 2010

ORDER TIME : 4:50 PM

ORDER NO. : 272496-005

CUSTOMER NO: 4312639

REINSTATEMENT

RECEIVED
10 FEB -3 AM 10:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: SANDY LANE DEVELOPMENT LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XXX____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS MK