

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2015 DEC -3 PM 4:28

DOCUMENT # M04000003598

1. Limited Liability Company's Name

SANDY LANE RESIDENTIAL LLC

400279718824

2. Principal Office Address - No P.O. Box #

11 Madison Ave

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10010

Country

USA

3. Mailing Office Address

11 Madison Ave

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10010

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified

To Do Business in Florida 09/01/2004

6. FBI Number

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) Suite,

1201 HAYS STREET

Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

REGISTERED AGENT MUST SIGN

Melissa Zender

Asst. Vice President

Date

12/3/15

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
ASSIST.	RHONDA G MATTY	11 MADISON AVE	NEW YORK/NY/10010
VP	DOUGLAS ROSEMAN	11 MADISON AVE	NEW YORK/NY/10010
PRES	MICHAEL A CRISCITO	11 MADISON AVE	NEW YORK/NY/10010
SECRE	MARY WYNPERLE	11 MADISON AVE	NEW YORK/NY/10010
TREASL	GINA T ORLINS	11 MADISON AVE	NEW YORK/NY/10010
VP	THOMAS A FINLAN	11 MADISON AVE	NEW YORK/NY/10010

11. E-mail Address: MARIA.COMO@CREDIT-SUISSE.COM

(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 12/01/2015

Daytime Phone #

212-325-2000

Typed or printed name of signing authorized representative/member

THOMAS A FINLAN

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 894175 7118046

AUTHORIZATION :

COST LIMIT : \$ 238.75

ORDER DATE : December 3, 2015

ORDER TIME : 11:52 AM

ORDER NO. : 894175-005

CUSTOMER NO: 7118046

RECEIVED  
DEPARTMENT OF CIVIL  
DIVISION OF  
15 DEC -3 PM 2:11  
NOT AGENCY  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

REINSTATEMENT

NAME: SANDY LANE RESIDENTIAL LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT 62956

EXAMINER'S INITIALS \_\_\_\_\_