

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000003598

1. Limited Liability Company's Name

Sandy Lane Residential LLC

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

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

CR2E041 (1/14)

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified
To Do Business in Florida

09/01/2004

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 805, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9-28-10

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
ASST. S	RHONDA G MATTY	11 Madison Ave	NEW YORK/NY/10010
VP	THOMAS A FINLAN	11 Madison Ave	NEW YORK/NY/10010
PRES	MICHAEL A CRISCITO	11 Madison Ave	NEW YORK/NY/10010
SEC	MARY WYNPERLE	11 Madison Ave	NEW YORK/NY/10010
TREAS	GINA T ORLINS	11 Madison Ave	NEW YORK/NY/10010

11. E-mail Address: list.ustaxstatelocal@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 805, 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 805.0012, 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

09/27/16

Daytime Phone #

212-325-2000

Typed or printed name of signing authorized representative/member

THOMAS A FINLAN

16 NOV -1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700291859677
11/01/16--01010--023 **238.75

REINSTATEMENT S. HAWKES

NOV -2 AM