PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2016 NOV -1 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000003604

1. Limited Liability Company's Name
Sandy Lane Eleven LLC

200291853542
11/01/16--01010--018 **238.75

CR2E041 (1/14)

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

4. State/Country of Formation
DELAWARE

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

6. FEI Number 03-0547805 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

REINSTATEMENT

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	State	Zip Code
Tallahassee	FL	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 by: Corporation Service Company Date 9-29-16

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
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
			NOV -1 2016

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

R. HUNT

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 09/27/16 Daytime Phone # 212-325-2000

Typed or printed name of signing authorized representative/member THOMAS A FINLAN