

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 JUL 20 PM 3:18
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000000087

1. Limited Liability Company's Name

MHK JACKSONVILLE LLC

100182870361
07/02/10--01036--005 **655.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 810 SEVENTH AVE		3. Mailing Office Address 810 SEVENTH AVE	
Suite, Apt. #, etc. 28TH FLOOR		Suite, Apt. #, etc. 28TH FLOOR	
City & State NEW YORK, NY		City & State NEW YORK, NY	
Zip 10019	Country MANHATTAN	Zip 10019	Country MANHATTAN

4. State/Country of Formation DELAWARE
5. Date Organized or Qualified To Do Business in Florida JANUARY 6, 2006
6. FEI Number 20-3864104
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 NRAI Services, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive	
Suite, Apt. #, Etc. Suite 4	
City Weston	State FL
Zip Code 33331	

☐ 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.

NRAI Services, Inc.

Signature of Registered Agent Ruth M. Liu Assistant Secretary Date 7/14/2010
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
NRAI	MICHAEL M. ABES	810 SEVENTH AV. 28TH FL.	NEW YORK, NY 10019

REINSTATEMENT
2007-10

S. HAWKES
JUL 21 2010
EXAMINER

11. E-mail Address:

(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 608.408, 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 [Signature] Date 6/21/10 Daytime Phone # 212-265-6600

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2010

MHK JACKSONVILLE LLC
810 SEVENTH AVE
28TH FLOOR
NEW YORK, NY 10019

SUBJECT: MHK JACKSONVILLE LLC
Ref. Number: M06000000087

We have received your document for MHK JACKSONVILLE LLC and your check(s) totaling \$655.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 710A00016398