

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 3:31

DOCUMENT # M06000001444

1. Entity Name
TAG LINCOLN PLACE LLC



Principal Place of Business
% THE ANDALEX GROUP
430 PARK AVE., 5TH FLOOR
NEW YORK, NY 10022

Mailing Address
% THE ANDALEX GROUP
430 PARK AVE., 5TH FLOOR
NEW YORK, NY 10022

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09252007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

20-4574044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Barbara Burke

9/25/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME SILVERMAN, ALLEN
STREET ADDRESS 430 PARK AVE, 5TH FLOOR
CITY- ST- ZIP NEW YORK, NY 10022

TITLE ☐ Change ☐ Addition
NAME 700110952577
STREET ADDRESS 10/18/07--01036---004 **150.00
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME SILVERMAN, ALEX
STREET ADDRESS 430 PARK AVE, 5TH FLOOR
CITY- ST- ZIP NEW YORK, NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME SILVERMAN, ANDREW
STREET ADDRESS 430 PARK AVE, 5TH FLOOR
CITY- ST- ZIP NEW YORK, NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Alex Silverman

Alex Silverman

9/25/07 212-308-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #