Florida Department of State
Division of Corporations
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Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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LIMITED LIABILITY REINSTATEMENT
KEY WEST BIGHT ASSOCIATES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$516.25

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 MAR 13 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

REINSTATEMENT 10-12

DOCUMENT # M07000002627

1. Limited Liability Company's Name
KEY WEST BIGHT ASSOCIATES LLC

2. Principal Office Address--No P.O. Box #	3. Mailing Office Address
1115 MARBELLA PLAZA DRIVE	
Suite, Apt. #, etc c/o THE CORTEX COMPANIES	Suite, Apt. #, etc
City & State TAMPA FL	City & State
Zip / Country 33619	Zip / Country

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida 05/04/2007

6. FEI Number
208568339
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: PLANTATION | State: FL | Zip Code: 33324

E-mail Address:
clawton@fortress.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, will comply with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Connie Bryan Assistant Secretary Date 3/13/2012
REGISTERED AGENT PRINT

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	KEY WEST BIGHT HOLDINGS LLC	1115 MARBELLA PLAZA DRIVE	TAMPA FL 33619

11. 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 608.508, 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 Managing Member/Manager _____ Date 3/12/12 Daytime Phone # 212-798-6100

Typed or printed Name of Signing Managing Member/Manager Marc K. Furstein, Chief Financial Officer