

Pg 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUN 24 AM 10:37

REINSTATEMENT 09-13

200249138632

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # M08000004114

1. Limited Liability Company's Name
Indiantown MCLV LLC2. Principal Office Address - No P.O. Box #
1271 Avenue of the Americas3. Mailing Office Address
101 Hudson StreetSuite, Apt. #, etc.
39th FloorSuite, Apt. #, etc.
38th FloorCity & State
New YorkCity & State
Jersey CityZip
10020Country
USAZip
07302Country
USA4. State/Country of Formation
Delaware/USA5. Date Organized or Qualified
To Do Business in Florida September 9, 20086. FEI Number
46-3020471Applied For
Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANYStreet Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

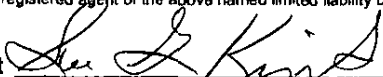
City
TallahasseeState
FL Zip Code
32301-2525

E-mail Address:

Linda.Klang@lehmanholdings.com

(To be used for future annual report notices)

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.

Signature of
Registered AgentSue G. Knight
Assistant Vice President

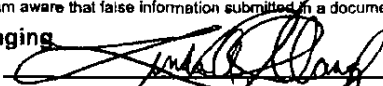
Date June 21 2013

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
CEO	John Suckow	1271 Avenue of the Americas, 39th Flr	New York, 10020
Sec	Matthew Cantor	1271 Avenue of the Americas, 39th Flr	New York, 10020
VP	Linda Klang	101 Hudson Street, 38th Floor,	Jersey City, 07302

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 608.406, 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 06.21.2013 Daytime Phone # 201-526-1484

Typed or printed name of signing Managing Member/Manager

JUN 24 2013

T. CAULEY



CORPORATION SERVICE COMPANY

Pg 282

ACCOUNT NO. : I20000000195

REFERENCE : 698462 7329463

AUTHORIZATION :

COST LIMIT : \$ 793.75

ORDER DATE : June 21, 2013

ORDER TIME : 3:31 PM

ORDER NO. : 698462-005

CUSTOMER NO: 7329463

REINSTATEMENT

NAME: INDIANTOWN MCLV LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
13 JUN 21 PM 4:18