M08000005480

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LIMITED LIABILITY REINSTATEMENT
MAIN LODGE ASSOCIATES, LLC

Certificate of Status	0
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Estimated Charge	$655.00

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M08000005480

1. Limited Liability Company's Name
Main Lodge Associates, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2655 Lejeune Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 525	
City & State	City & State
Coral Gables, Florida	
Zip / Country	Zip / Country
33134 / USA	

4. State/Country of Formation: New York

6. Date Organized or Qualified To Do Business in Florida: 12/19/2008

6. FEI Number: 22-3970250 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required

8. Name and Address of Current Registered Agent

Name: CT 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:
saf@fifund.net
(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 Agent: [signature] Marc St. Pierre Vice President and Assistant Secretary Date: 9/10/12
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
Mgr	Shannon A. Fairbanks	2655 Lejune Road, Suite 525	Coral Gables, FL 33134

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 608.408, 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. 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: [signature] Date: Sept. 14, 2012 Daytime Phone #: 202 776 7744

Typed or printed name of signing Managing Member/Manager: Shannon A. Fairbanks