

pg. 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEP 14 AM 8:32

DOCUMENT # M0900000324B

1. Limited Liability Company's Name
13499 Biscayne Blvd. LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 825 3rd Avenue		3. Mailing Office Address 825 3rd Avenue	
Suite, Apt. #, etc. 37th Floor		Suite, Apt. #, etc. 37th Floor	
City & State New York		City & State New York	
Zip 10022	Country USA	Zip 10022	Country USA

4. State/Country of Formation Delaware, USA	
5. Date Organized or Qualified To Do Business In Florida 8/13/2009	
6. FEI Number 27-0185768	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 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

300318543509

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.	
Signature of Registered Agent _____	Date _____
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
	Brian Shatz	825 3rd Avenue, 37th Floor	New York, NY 10022

11. E-mail Address: kasey@madisonrealtycapital.com (To be used for future annual report notifications)	
12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.	
Signature of Authorized Representative/Manager _____	Date 9/11/2018 Daytime Phone # 646-472-1900
Typed or printed name of signing Authorized Representative/Manager Brian Shatz	

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CT CORP**3458 Lakeshore Drive, Tallahassee, FL 32312****850-656-4724****Date:** 9/14/2018

Acc#I20160000072

en: c DW

Name:	13499 Biscayne Blvd. LLC
Document #:	
Order #:	11156787

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

This is a 1 - 2 filing.

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **546.25***Please process:*

- ① Reinstatement
- ② Cancellation

Thank you!

FILED IN 11156787
 TALLAHASSEE, FL
 SEP 14 2018

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