

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** M10000001498

1. Limited Liability Company's Name

LCP SLJV 2010-1 FL-3, L.L.C.

2. Principal Office Address - No P.O. Box #

399 Park Avenue

Suite, Apt. #, etc.

18th Floor

City & State

New York, NY

Zip

10022

Country

USA

3. Mailing Office Address

399 Park Avenue

Suite, Apt. #, etc.

18th Floor

City & State

New York, NY

Zip

10022

Country

USA

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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

Courtney Williams

Asst. Vice President

Date 04.14.16

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
Member	LCP Strategic Loan Joint Venture 2008-1, LLC	399 Park Avenue, 18th Floor	New York, NY 10022
	<b>REINSTATEMENT</b>		
	2012 - 2016		

11. E-mail Address. jlabrecque@nsamgroup.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 4/14/2016

Daytime Phone # 2125472600

Typed or printed name of signing authorized representative/member Jenny B. Neslin

2016 APR 15 AM 9:45

FILED  
TALLAHASSEE, FL

APR 15 2016

L BERGER

CR2E041 (1/14)

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

03/30/2010

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

400284597884

RECEIVED  
DEPARTMENT OF STATE

16 APR 14 PM 4:28

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 103898 7490443

AUTHORIZATION :

COST LIMIT : \$793.75

ORDER DATE : April 14, 2016

ORDER TIME : 3:15 PM

ORDER NO. : 103898-005

CUSTOMER NO: 7490443

REINSTATEMENT

NAME: LCP SLJV 2010-1 FL-3, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS \_\_\_\_\_