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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

15 FEB 20 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M10000002235

1. Limited Liability Company's Name

CHH LENDER, LLC

CR2E041 (1/14)

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

19 Balbrook Drive

Suite, Apt. #, etc.

City & State

Mendham, NJ

Zip

07945

Country

United States

3. Mailing Office Address

19 Balbrook Drive

Suite, Apt. #, etc.

City & State

Mendham, NJ

Zip

07945

Country

United States

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida
09/23/2011

6. FEI Number

27-2353897

Applied For

Not Applicable

7. ☐ 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 Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

200269774602

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 |
|--------|--|---|--------------------|
| AMBR | Cynthia Haidri | 19 Balbrook Drive | Mendham, NJ 07945 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

11. E-mail Address:

cynthia.kaiser.haidri@me.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 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

Cynthia Haidri

Date

2/19/15

Daytime Phone #

212-495-9683

Typed or printed name of signing Authorized Representative/Manager

Cynthia Haidri

RE 2/20/15

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

ACCOUNT NO. : I20000000195

REFERENCE : 502352 7704356

AUTHORIZATION

COST LIMIT : \$ 793.75

ORDER DATE : February 13, 2015

ORDER TIME : 10:13 AM

ORDER NO. : 502352-005

CUSTOMER NO: 7704356

REINSTATEMENT

NAME: CHH LENDER, LLC

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 _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF REVENUE
15/FEB/20 AM 11:07
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING