

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

15 NOV 21 PM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

800292517358

CR2E041 (1/14)

DOCUMENT # M12000001574

1. Limited Liability Company's Name  
PARK SQUARE 6, LLC

2. Principal Office Address - No P.O. Box # 315 S BISCAYNE BLVD		3. Mailing Office Address 315 S BISCAYNE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country USA	Zip 33131	Country USA

4. State/Country of Formation  
Delaware

5. Date Organized or Qualified To Do Business in Florida  
3/20/2012

6. FEI Number  Applied For  Not Applicable

7. CERTIFICATE OF STATUS DESIRED  **\$5.00 Additional Fee Required (for Certificate of Status)**

8. Name and Address of Current Registered Agent

Name  
CORPORATE CREATIONS NETWORK, INC.

Street Address (P.O. Box Number is Not Acceptable)  
11380 PROSPERITY FARMS ROAD

Suite, Apt. #, Etc.  
#221E

City  
PALM BEACH GARDENS

State  
FL

Zip Code  
33410

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 Taylor Page **Taylor Page, Special Secretary** Date 11/17/2016

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
	Robert Jeans	315 Biscayne Blvd	Miami FL 33131

11. E-mail Address \_\_\_\_\_  
(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 Robert Jeans Date 11/18/16 Daytime Phone # 973-734-1300

Typed or printed name of signing Authorized Representative/Manager Robert Jeans

RE 11/21/16

# CT CORP C/O SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Date: 11-18-16

ACCT. I2016000072

*Ima [Signature]*

Name:	PARK SQUARE 6, LLC
Document #:	
Order #:	10260572

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

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

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Amount: \$ 238.75

+ 30.00  
268.75

Thank you!