PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M12000001575

1. Limited Liability Company's Name
PARK SQUARE 5, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
315 S BISCAYNE BLVD		315 S BISCAYNE BLVD	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33131	USA	33131	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 a 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	State	Zip Code
PALM BEACH GARDENS	FL	33410

200292517492

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 REGISTERED AGENT ASSISTANT Taylor Page, Special Secretary Date 11/17/2016

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 [signature] Date 11/18/16 Daytime Phone # 973-734-1300

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

CT 110 - 01/23/2013 Wolters Kluwer Online

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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TALLAHASSEE, FLORIDA

Date: 11-18-19

ACCT. I20160000072

Tina Davis

Name:	PARK SQUARE 5, LLC
Document #:	
Order #:	10260572

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

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Amount: $ 238.75
+ 30.00
268.75

Thank you!