1 of 2 pages

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
15 NOV 21 PM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M12000001590

600292517296

CR2E041 (1/14)

1. Limited Liability Company's Name

Park Square Master, LLC

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

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, Special Secretary — REGISTERED AGENT MUST SIGN — Date: 11/17/16

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

FL100 - 01/28/2014 Wolters Kluwer Online

09 11/21/16

2 of 2 page

CT CORP C/O SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

FILED

15 NOV 21 PM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date: 11-18-2016

ACCT. I20160000072

Ina Dopp

Name:	Park Square Master, 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: X

Certified:

Plain:

COGS:

RECEIVED
16 NOV 18 PM 4:25
SUFFICIENCY OF FILING

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

Amount: $ 238.75

+ 30.00

268.75

Thank you!