

1 of 2 pages

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

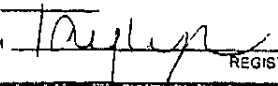
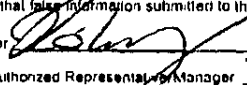
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600292517296

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>WL2000001590</u>					
1. Limited Liability Company's Name Park Square Master, LLC					
2. Principal Office Address - No P.O. Box # 315 S BISCAYNE BLVD		3. Mailing Office Address 315 S BISCAYNE BLVD		4. State/Country of Formation Delaware	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 3/20/2012	
City & State Miami, FL		City & State Miami, FL		6. FEI Number ☐ Applied For ☒ Not Applicable	
Zip 33131	Country USA	Zip 33131	Country USA	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 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, Special Secretary		Date 11/17/16	
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	
	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 of 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				Date 11/18/16	Daytime Phone # 973-734-1300
Typed or printed name of signing Authorized Representative/Manager Robert Jeans					

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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: 11-18-2016

ACCT. 120160000072

Ima Corp

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: ☒	Certified: ☐
	Plain: ☐
	COGS: ☐

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

Amount: \$ 238.75

+ 30.00
268.75

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Thank you!