

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

14 JAN 16 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M12000001931

1. Limited Liability Company's Name
15SD, L.L.C.

CR2E041 (12/13)

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

c/o Triangle Air Services

Suite, Apt. #, etc.

55 Railroad Ave, Plaza Level

City & State

Greenwich, CT

Zip

06830

Country

USA

3. Mailing Office Address

c/o Triangle Air Services

Suite, Apt. #, etc.

55 Railroad Ave, Plaza Level

City & State

Greenwich, CT

Zip

06830

Country

USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida

04/05/2012

6. FEI Number

454673312

☐ 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

E-mail Address:

700255726307

RRoman@zifflegal.com

(To be used for future annual report notices)

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

[Signature]

Sue G. Knight

Date 1-16-14

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
AMBR <i>mgm</i>	David Gray	55 Railroad Ave, Plaza Level	Greenwich, CT 06830
AMBR <i>mgm</i>	Spencer Lehv	55 Railroad Ave, Plaza Level	Greenwich, CT 06830

REINSTATEMENT 2013-2014

11. I certify that I am an authorized person 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 Chapter 605, 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of

Authorized Person

[Signature]

Date 01/16/2014

Daytime Phone (212) 292-6000

Typed or printed name of signing Authorized Person David Gray