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Florida Department of State

Division of Corporations

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From:
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Account Number : 120100000075
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Email Address: jeanette@hmmanagementdev.com

LIMITED LIABILITY REINSTATEMENT
CJUF III FLAGLER LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENTOF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M12000002171

1. Limited Liability Company's Name
CJUF III FLAGLER LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12000 Biscayne Blvd.	12000 Biscayne Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 508	Suite 508
City & State	City & State
North Miami, FL	North Miami, FL
Zip / Country	Zip / Country
33181 / USA	33181 / USA

CR2EG41 (1/14)

4. State/Country of Formation
Delaware/United States

5. Date Organized or Qualified To Do Business In Florida 04/18/2012

6. FEI Number
80-0807165
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name
B & C Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite
2 South Biscayne Boulevard, 21st Floor

Apt. #, Etc.

City: Miami | State: FL | Zip Code: 33131

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: Liliana Flores, Vice President Date: 10-11-19
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
AMBR	HM Six Member LLC	12000 Biscayne Blvd., Suite 508	North Miami, FL 33181

11. E-mail Address: jeanette@hmmanagementdev.com
(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 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 requirement 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 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 representative/member: [signature] Date: 10-11-19 Daytime Phone #: 305-632-1407

Typed or printed name of signing authorized representative/member: ERIC Shenker- Manager

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