Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT

NWS PARROT KEY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$655.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M12000006433

1. Limited Liability Company's Name
NWS PARROT KEY LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1819 WAZEE STREET		1819 WAZEE STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
2ND FLOOR		2ND FLOOR	
City & State		City & State	
DENVER, CO		DENVER, CO	
Zip	Country	Zip	Country
80202	USA	80202	USA

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified To Do Business in Florida
NOVEMBER 19, 2012

6. FEI Number
NONE
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $6.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City	State	Zip Code
PLANTATION	FL	33324

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 Kristin Bolden Kristin Bolden Assistant Secretary Date 12/7/2016
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
MGRM	NORTHWOOD FLORIDA KEYS LLC	575 FIFTH AVE. 23RD FLOOR	NEW YORK, NY 10017
MGR	KUKRAL, JOHN - P	575 FIFTH AVE. 23RD FLOOR	NEW YORK, NY 10017
MGR	WANG, JONATHAN - VPT	575 FIFTH AVE. 23RD FLOOR	NEW YORK, NY 10017
MGR	AULIS, ERWIN - VPT	575 FIFTH AVE. 23RD FLOOR	NEW YORK, NY 10017
MGR	SULLIVAN, MICHAEL - VPS	575 FIFTH AVE. 23RD FLOOR	NEW YORK, NY 10017

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 Date 12/5/2016 Daytime Phone # (303)293-7140

Typed or printed name of signing Authorized Representative/Manager ERWIN K. AULIS

12/7/16