

12/7/2016

Division of Corporations

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
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**LIMITED LIABILITY REINSTATEMENT
NWS PARROT KEY LLC**

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

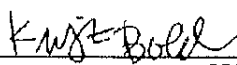
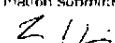
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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					
2. Principal Office Address - No P.O. Box # 1819 WAZEE STREET		3. Mailing Office Address 1819 WAZEE STREET		4. State/Country of Formation DELAWARE	
Suite, Apt. #, etc. 2ND FLOOR		Suite, Apt. #, etc. 2ND FLOOR		5. Date Organized or Qualified To Do Business in Florida NOVEMBER 19, 2012	
City & State DENVER, CO		City & State DENVER, CO		5. FEI Number NONE	
Zip 80202	Country USA	Zip 80202	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 C T CORPORATION SYSTEM					
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD					
Suite, Apt. #, Etc.					
City PLANTATION		State FL	Zip Code 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 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					

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