

1 of 2 pages


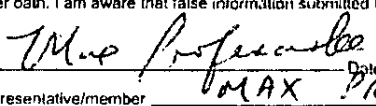
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **RECEIVED**

2016 OCT 10 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500291102985

CR2E041 (1/14)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>			
<b>DOCUMENT # M13000002089</b> 1. Limited Liability Company's Name <b>LEXFORD POOLS 1/3 LLC</b>					
2. Principal Office Address - No P.O. Box # <b>333 EARLE OVINGTON BOULEVARD</b>		3. Mailing Office Address <b>333 EARLE OVINGTON BOULEVARD</b>		4. State/Country of Formation <b>DE</b>	
Suite, Apt. #, etc. <b>900</b>		Suite, Apt. #, etc. <b>900</b>		5. Date Organized or Qualified To Do Business in Florida <b>04/03/2013</b>	
City & State <b>Uniondale, NY</b>		City & State <b>Uniondale, NY</b>		6. FEI Number <b>36-4715059</b>	
Zip <b>11553</b>	Country	Zip <b>11553</b>	Country	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a certificate of status</b>	
8. Name and Address of Current Registered Agent Name <b>Corporation Service Company</b> Street Address (P.O. Box Number is Not Acceptable) Suite, <b>1201 HAYS STREET</b> Apt. #, Etc.  City <b>Tallahassee</b>					
		State <b>FL</b>	Zip Code <b>32301</b>		
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  <b>Courtney Williams</b> <b>Asst. Vice President</b> Date <b>10-10-16</b> <small>REGISTERED AGENT MUST SIGN</small>					
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		
MGR	ARBOR REALTY HOLDINGS, LLC	333 EARLE OVINGTON BLVD, STE. 900	UNIONDALE, NY 11553 US		
11. E-mail Address: _____ <small>(To be used for future annual report notifications)</small>					
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  <b>MAX PROFESORE</b> Date <b>10/6/16</b> Daytime Phone # <b>516 506 4583</b>					
Typed or printed name of signing authorized representative/member <b>MAX PROFESORE</b>					

RE 10/10/16

2 of 2 pages

RECEIVED

2016 OCT 10 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 325087 7988522

AUTHORIZATION :

COST LIMIT : \$238.75 *[Signature]*

ORDER DATE : October 10, 2016

ORDER TIME : 3:18 PM

ORDER NO. : 325087-020

CUSTOMER NO: 7988522

REINSTATEMENT

NAME: LEXFORD POOLS 1/3 LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS \_\_\_\_\_

16 OCT 10 PM 4:46  
SUFFICIENCY OF FILING

16 OCT 10 PM 4:46

RECEIVED