

5/15/2017

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 : (512)418-6949
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
1275 SOUTH OCEAN BOULEVARD LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$655.00


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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		17 MAY 16 AM 9:58 TALLAHASSEE, FLORIDA	
DOCUMENT # M13000005484					
1. Limited Liability Company's Name 1275 SOUTH OCEAN BOULEVARD, LLC					
2. Principal Office Address - No P.O. Box # C/O GOULSTON & STORRS PC Suite, Apt. #, etc. 400 ATLANTIC AVENUE City & State BOSTON, MA Zip 02110			3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country USA		
4. State/Country of Formation DELAWARE			5. Date Organized or Qualified To Do Business in Florida 10/16/2013		
6. FEI Number			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			\$5.00 Additional Fee required for Certificate of Status		
8. Name and Address of Current Registered Agent					
Name CT 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: <i>Olga Hinkel</i> Olga Hinkel, CT Corporation System Date: 05/15/2017 REGISTERED AGENT MUST SIGN					
10. Name and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City/State/Zip	
MR.	BALK, MARK D.	400 ATLANTIC AVE.		BOSTON, MA 02110	
11. E-mail Address:					
(To be used for future annual report not fictitious)					
12. I certify that I am an authorized representative/manager or the respective 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 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. 817.135, F.S.					
Signature of Authorized Representative/Manager: <i>Mark D. Balk</i> Date: 5/15/17 Daytime Phone #: 617-482-1776 Typed or printed name of signing Authorized Representative/Manager: Mark D. Balk					

T HENDERSON
MAY 16 2017