

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2018 MAY 21 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800313729908

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>M13000005737</u>			
1. Limited Liability Company's Name FL DG Property Holdings, LLC			
2. Principal Office Address - No P.O. Box # 110 East 40th St. Suite, Apt. #, etc. Suite 802 City & State New York NY Zip 10016 Country USA		3. Mailing Office Address 110 East 40th St. Suite, Apt. #, etc. Suite 802 City & State New York NY Zip 10016 Country USA	
4. State/Country of Formation			
5. Date Organized or Qualified To Do Business in Florida			
6. FEI Number ☐ Applied For ☐ Not Applicable			
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status			
8. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 Hays Street Apt. #, Etc. City Tallahassee State FL Zip Code 32301			
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 <u>Holly Jones</u> <u>Holly Jones</u> Assistant Vice President Date <u>5/8/18</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
<u>MO EM</u>	<u>Marilyn Kane</u>	<u>110 East 40th St. Suite 802</u>	<u>New York, NY 10016</u>
<u>RGRM</u>	<u>David Kushner</u>	<u>380 Lexington Avenue Suite 2020</u>	<u>New York, New York 10168</u>
11. E-mail Address: <u>mkane@iridiumcappgroup.com; kush@paradigmcf.com</u>			
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 <u>Marilyn Kane</u> Date <u>5/8/2018</u> Daytime Phone # <u>212-686-7481</u>			
Typed or printed name of signing authorized representative/member			

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

ACCOUNT NO. : I20000000195

REFERENCE : 220042 7931432

AUTHORIZATION :

COST LIMIT : \$377.50

ORDER DATE : May 21, 2018

ORDER TIME : 10:17 AM

ORDER NO. : 220042-010

CUSTOMER NO: 7931432

REINSTATEMENT

NAME: FL DG PROPERTY HOLDINGS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____

18 MAY 21 AM 10:41