

12/28/2015 3:20:13 PM From: To: 8506176384(1/2)

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 : (850) 205-8842
Fax Number : (850) 878-5368

****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
THRH LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$243.75

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Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 DEC 28 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M14000001879

1. Limited Liability Company's Name

THRH LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
1775 Collins Avenue

Suite, Apt. #, etc.

City & State
Miami, FLZip Country
33139 USA3. Mailing Office Address
1775 Collins Avenue

Suite, Apt. #, etc.

City & State
Miami, FLZip Country
33139 USA4. State/Country of Formation
Delaware/USA5. Date Organized or Qualified
To Do Business in Florida
March 20, 20146. FEI Number
46-4670527Applied For
Not Applicable7. CERTIFICATE OF STATUS DESIRED ☒\$5.00 Application fee imposed
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
PlantationState Zip Code
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*Cosmin Buzan*

Date 12/28/2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Member	The Raleigh Group LLC	725 Fifth Avenue, 23rd Floor	New York / NY / 10022
AR	Steven Lewerenz	725 Fifth Avenue, 23rd Floor	New York / NY / 10022

11. E-mail Address: slwerenz@theraleigh.com

(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 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. 817.155, F.S.

Signature of

Authorized Representative/Manager

Steven Lewerenz

Date 12/28/15

Daytime Phone # (212)

365-4535

Typed or printed name of signing Authorized Representative/Manager Steven Lewerenz

R9 12/28/15