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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  
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\*\*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  
ELMIRA MIAMI PARTNERS LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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Corporate Filing Menu

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

15 DEC 28 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

DOCUMENT # M14000001927

1. Limited Liability Company's Name  
Elmira Miami Partners LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 1775 Collins Avenue Suite, Apt. #, etc.		3. Mailing Office Address 1775 Collins Avenue Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33139	Country USA	Zip 33139	Country USA

4. State/Country of Formation Delaware/USA	
5. Date Organized or Qualified To Do Business in Florida March 21, 2014	
6. FEI Number 37-1749068	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee is subject to a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name NRAl Services, Inc.			
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 806, F.S.	
Signature of Registered Agent <u>Connie Bugar</u>	Date 12/28/2015
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Member	THRH LLC	1775 Collins Avenue	Miami / FL / 33139
AR	Steven Lewerenz	725 Fifth Avenue, 23rd Floor	New York / NY / 10022

11. E-mail Address: <u>stewerenz@theraleigh.com</u>	
(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 806, 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 805.0012, 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. 817.166, F.S.	
Signature of Authorized Representative/Manager <u>Steven Lewerenz</u>	Date <u>12/28/15</u> Daytime Phone # <u>(212) 365-4535</u>
Typed or printed name of signing Authorized Representative/Manager <u>Steven D. Lewerenz</u>	

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