

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M14000004926

1 Limited Liability Company's Name

SUMMER PALMS MEZZ LLC

2 Principal Office Address - No P.O. Box #

192 Lexington Avenue

3 Mailing Office Address

192 Lexington Avenue

Suite Apt # etc

Suite 901

Suite Apt # etc

Suite 901

City & State

New York, NY

City & State

New York, NY

Zip

10016

Country

USA

Zip

10016

Country

USA

8 Name and Address of Current Registered Agent

Name

THE KAMMERMAN LAW GROUP, P.A.

Street Address (P.O. Box Number is Not Acceptable) Suite

123 NW 13TH STREET

Apt # Etc

SUITE 312

City

BOCA RATON

State

FL

Zip Code

33432

CR2EC44 (1/14)

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified  
To Do Business in Florida

JULY 11, 2014

6. FEI Number

47-1295811

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

300300685828  
05/23/17--01004--018 \*\*\$18.25

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

THE KAMMERMAN LAW GROUP, P.A.  
By: *[Signature]*  
Gideon Z. Friedman, President  
REGISTERED AGENT MUST SIGN

Date 6-21-17

10 Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of<br>Authorized Representatives/<br>Managers | Street Address of Each<br>Authorized Representative/<br>Manager | City / State / Zip |
|--------|--|---|--------------------|
| MGR    | GIDEON Z. FRIEDMAN                                 | 192 LEXINGTON AVENUE, SUITE 901                                 | NEW YORK, NY 10016 |
|        |  |   |                    |
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11. E-mail Address AVEGA@BEACHWOLD.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 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

Date

6/16/2017

Daytime Phone #

646-354-2114

Typed or printed name of signing authorized representative/member

GIDEON Z. FRIEDMAN