

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

18 MAY 17 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M14000006125

1. Limited Liability Company's Name

AVESTA REAL ESTATE PARTNERS IV LLC

400313635834

2. Principal Office Address - Not P.O. Box #

5118 N 56th Street

3. Mailing Office Address

5118 N 56th Street

State Apt. # etc.

State Apt. # etc.

City & State

Tampa

City & State

Tampa

Zip

33610

Country

US

Zip

33610

Country

US

CR26041 (1-14)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/10/2013

6. FEI Number

61-1717755

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. Being appointed the registered agent of the above named limited liability company, I am further with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Emily Croft

Emily Croft

REGISTERED AGENT MUST

Asst. Vice President

Date 5/17/2018

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

MGRM

Avesta Real Estate Holdings LLC

5118 N 56th Street

Tampa, FL 33610

MAY 18 2018

C. CARROTHERS

11. E-mail Address gvtinotices@avesta.com

(This space is for future amendments and instructions)

12. I certify that I am an authorized representative/manager of the person 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 included on this application is true and accurate, and my signature and name 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. 317.105, F.S.

Signature of authorized representative/member

Date 4/10/2018

Daytime Phone # 813-444-1600

Typed or printed name of signing authorized representative/member

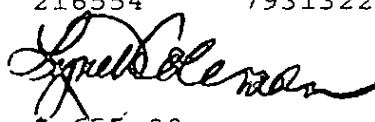
Rachel Ridley

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

ACCOUNT NO. : I20000000195

REFERENCE : 216554 7931322

AUTHORIZATION :



COST LIMIT : \$ 655.00

ORDER DATE : May 17, 2018

ORDER TIME : 2:03 PM

ORDER NO. : 216554-015

CUSTOMER NO: 7931322

DOMESTIC FILINGS

NAME: AVESTA REAL ESTATE PARTNERS
IV LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - Ext# 62925

EXAMINER'S INITIALS _____

MAY 17 2018