
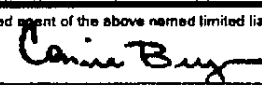
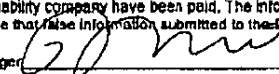
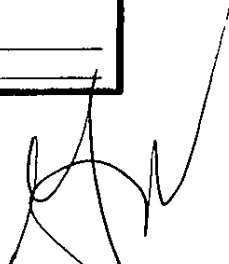


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DIVISION OF CORPORATIONS

16 AUG -5 PM 12:14

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M14000007814			
1. Limited Liability Company's Name DORAL COURT DEBT HOLDINGS LLC			
2. Principal Office Address - No P.O. Box # 452 Fifth Avenue Suite, Apt. #, etc. 30th Floor City & State New York, New York Zip 10018		3. Mailing Office Address 452 Fifth Avenue Suite, Apt. #, etc. 30th Floor City & State New York, New York Zip 10018	
Country USA		Country USA	
4. State/Country of Formation Delaware			
5. Date Organized or Qualified To Do Business in Florida 10/28/2014			
6. FEI Number			Applied For <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			Not Applicable <input checked="" type="checkbox"/>
\$5.00 Additional Fee required for a Certificate of Status			
CR2E041 (1/14)			
B. Name and Address of Current Registered Agent			
Name C T Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324
B. 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 		Date 8/5/2014	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Manager	Morris Doueck	452 Fifth Avenue, 30th Floor	New York, NY 10018
REINSTATEMENT 2015 2016			
11. E-mail Address: morris@trianglecap.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 		Date 7/13/2016 Daytime Phone # 646-783-7992	
Typed or printed name of signing Authorized Representative/Manager Morris Doueck			



Florida Department of State
Division of Corporations
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**LIMITED LIABILITY REINSTATEMENT
DORAL COURT DEBT HOLDINGS LLC**

Certificate of Status	0
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