

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **M14000007814**

1. Limited Liability Company's Name

DORAL COURT DEBT HOLDINGS LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 452 Fifth Avenue Suite, Apt. #, etc. 30th Floor City & State New York, New York Zip 10018 Country USA		3. Mailing Office Address 452 Fifth Avenue Suite, Apt. #, etc. 30th Floor City & State New York, New York Zip 10018 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 Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status					

## 8. 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*Caine Bay*

LOREN S. BAY

Date 8/5/2016

REGISTERED AGENT MUST SIGN

## 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
Manager	Morris Doueck	452 Fifth Avenue, 30th Floor	New York, NY 10018

REINSTATEMENT

7/15 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

*Morris Doueck*Date 7/13/2016Daytime Phone # 646-783-7992Typed or printed name of signing Authorized Representative/Manager Morris Doueck

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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Fax Number : (850) 617-6384

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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.\*\***

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**LIMITED LIABILITY REINSTATEMENT**  
**DORAL COURT DEBT HOLDINGS LLC**

Certificate of Status	0
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