

M14000008177

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2016 SEP 14 A 10:53
TALLAHASSEE, FLORIDA
800290248018

DOCUMENT # M14000008177

1. Limited Liability Company's Name
MK Embassy Tower Holdings LLC (formerly known as IR-600 South Andrews Building LLC)

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 1345 Ave. of the Americas, Suite, Apt. #, etc. 46th Floor City & State New York, NY Zip 10105		Country USA		3. Mailing Office Address 1345 Ave. of the Americas Suite, Apt. #, etc. 46th Floor City & State New York, NY Zip 10105		Country USA	
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4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
11/12/14

6. FEI Number 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
National Corporate Research, Ltd.

Street Address (P.O. Box Number is Not Acceptable)
115 North Calhoun Street

Suite, Apt. #, Etc.
4

City
Tallahassee

State
FL

Zip Code
32301

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 _____ Date 9/6/2016

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	Jonathan Fiorello	1345 Ave. of the Americas, 46th Floor	New York, NY 10105
REINSTATEMENT 2015-2016			

SEP 15 2016
BRUCE

11. E-mail Address: MKoperations@fortress.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 608, 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 09/06/2016 Daytime Phone # (212) 497-2839

Typed or printed name of signing Authorized Representative/Manager Jonathan Fiorello

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The Right Response at the Right Time, Every Time.™

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Date: 09/14/2016

Account #: I20000000088

Name: Michelle Walker

Reference #: N415593

ENTITY NAME: IR-600 SOUTH ANDREWS BUILDING LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Annual Report
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other: CERTIFIED COPY UPON FILING

* Please file 1st *

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TALLAHASSEE, FL

Authorized Amount: \$ 55

Signature: Michelle Walker