

2092

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
ALTA REALTY COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75

Electronic Filing Menu

Corporate Filing Menu

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2016 DEC -8 AM 10:30

T HENDERSON
DEC 08 2016

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M15000001399

1. Limited Liability Company's Name
ALTA REALTY COMPANY, LLC2. Principal Office Address - No P.O. Box #
7500 Old Georgetown RoadSuite, Apt. #, etc.
Suite 1325City & State
Bethesda, MDZip
20814Country
USA3. Mailing Office Address
7500 Old Georgetown RoadSuite, Apt. #, etc.
Suite 1325City & State
Bethesda, MDZip
20814Country
USA4. State/Country of Formation
Delaware5. Date Organized or Qualified
To Do Business in Florida
02/13/20156. FEI Number
47-2805804

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
C T Corporation SystemStreet Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
PlantationState
FLZip Code
33324

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 12/7/2016

REGISTERED AGENT MUST SIGN Jordan Brown

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
MGRM	Michael Niccolini	7500 OLD GEORGETOWN RD - STE 1325	Bethesda, MD 20814
MGR	Melissa R Miller	1919 Farrington Drive	Lakeland, FL 33809

11. E-mail Address: Tori.Kolar@AltaRealtyCo.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. I am aware that 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 the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

12/7/2016

Daytime Phone #

863-698-6240

Typed or printed name of signing Authorized Representative/Manager Melissa Miller

T HENDERSON
DEC 08 2016