PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 DEC 20 PM 4:47

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
M15000002915

1. Limited Liability Company's Name
MAPLE CREST APARTMENTS, LLC

200293458632

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
192 Lexington Avenue		192 Lexington Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 901		Suite 901	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10016	USA	10016	USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
April 20, 2015

6. FEI Number
47-3760271 ☐ 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
THE KAMMERMAN LAW GROUP, P.A.

Street Address (P.O. Box Number is Not Acceptable)
790 EAST BROWARD BLVD

Suite, Apt. #, Etc.
SUITE 201

City	State	Zip Code
FORT LAUDERDALE	FL	33301

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 The Kammerman Law Group, P.A. [signature] Date 12-15-16
Mary H. Kammerman President
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
Sole MB	BW Jacksonville Investors, LLC	192 Lexington Avenue, Suite 901	New York, NY 10016
MGR	Gideon Z. Friedman	192 Lexington Avenue, Suite 901	New York, NY 10016

REINSTATEMENT
2016

11. E-mail Address: avega@benchwold.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 [signature] Date 12/19/16 Daytime Phone # 212-949-5000

Typed or printed name of signing Authorized Representative/Manager Gideon Z. Friedman

FL110 - 01/28/2014 Wolters Kluwer Online

DEC 20 2016
M. WILLIAMS

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724
850-508-1891 (cell)

Date: 12/20/16
ACCT. I20160000072

Name:	Maple Crest Apartments, LLC
Document #:	
Order #:	10297780

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing: Certified:
~~Plain:~~
COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 538.75

Thank you!