PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 DEC 20 PM 4:55

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800293468528

CR2E041 (1/14)

DOCUMENT #

1. Limited Liability Company's Name
M15000002948

KENDALL COURT, LLC

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

4. State/Country of Formation: Delaware

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

6. FEI Number: 47-3747142 ☐ 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: FORT LAUDERDALE State: FL Zip Code: 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. Marcell Kammerman President REGISTERED AGENT MUST SIGN

Date: 12-15-16

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 JACKSONILLE INVESTORS, LLC	192 Lexington Avenue, Suite 901	New York, NY 10016
MGR	Gideon Z. Friedman	192 Lexington Avenue, Suite 901	New York, NY 10016

11. E-mail Address: avega@beachwold.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: 12/15/16 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:	Kendall Court 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

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16 DEC 20 PM 4:41
SUPERVISOR OF ELECTIONS
PROOF OF FILING

Thank you!