


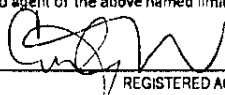
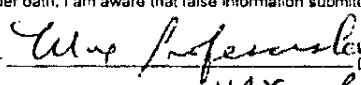
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M15000003719 1. Limited Liability Company's Name Interstate Realty Holdings XIV, LLC			
2. Principal Office Address - No P.O. Box # 333 EARLE OVINGTON BOULEVARD Suite, Apt. #, etc. 900 City & State Uniondale, NY Zip 11553		3. Mailing Office Address 333 EARLE OVINGTON BOULEVARD Suite, Apt. #, etc. 900 City & State Uniondale, NY Zip 11553	
4. State/Country of Formation DE		5. Date Organized or Qualified To Do Business in Florida 05/13/2015	
6. FEI Number		Applied For <input checked="" type="checkbox"/> 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 Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 HAYS STREET Apt. #, Etc. 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  Courtney Williams Asst. Vice President Date 10.10.16 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
MGR	INTERSTATE REALTY SPONSOR HOI	333 EARLE OVINGTON BOULEVARD,	UNIONDALE, NY 11553 US
11. E-mail Address: _____ (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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S. Signature of authorized representative/member  Date 10/6/16 Daytime Phone # 516 506 4583 Typed or printed name of signing authorized representative/member MAX PROFESOROSKE			

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 325087 7988522

AUTHORIZATION :

COST LIMIT : \$ 238.75

ORDER DATE : October 10, 2016

ORDER TIME : 3:15 PM

ORDER NO. : 325087-005

CUSTOMER NO: 7988522

REINSTATEMENT

NAME: INTERSTATE REALITY HOLDINGS  
XIV, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS \_\_\_\_\_

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