1 of 2 pargos

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

RECEIVED 2016 GCT 10 PH 4: 31

COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations

SECRETAL DE STATE TALLAHASSEE, FLORIDA

| 1. Limited Liability Company's Name Interstate Realty Holdings XIV, LLC  2. Plinicipal Office Address No PO Box # 33. Mailing Office Address 333 EARLE OVINGTON BOULEVARD 333 EARLE OVINGTON BOULEVARD 336 EARLE OVINGTON BOULEVARD 3000   |  |  |  |  |  |
|--|--|--|--|--|--|
| 2. Principal Office Address - No PO Box # 3. Mailing Office Address 333 EARLE OVINGTON BOULEVARD 333 EARLE OVINGTON BOULEVARD 4. State/Country of Formation DE 5. Date Organized or Qualified To Do Business in Rords 05/13/2015  City & State   |  |  |  |  |  |
| 333 EARLE OVINGTON BOULEVARD  Suite, Apt. \$, etc  300  Suite, Apt. \$, etc  5. Cate Organized or Qualified To Do Business in Florids  O5/13/2015  Applied For  Not App |  |  |  |  |  |
| 333 EARLE OVINGTON BOULEVARD  Suite, Apt. \$, etc  300  Suite, Apt. \$, etc  5. Date Organized or Qualified To Do Business in Florids  O5/13/2015  Applied For  Ander For For Applied For  Applied For  Ander For For Applied State  To Do Business in Florids  O5/13/2015  Set Fill Number  Set For Number is Not Acceptable) Suite.  Courtring Williams  Authorized Representatives/ Authorized Representatives/ Majnogers  Authorized Representatives/ Authorized Representatives/ Authorized Representatives/ Authorized Rep  |  |  |  |  |  |
| 333 EARLE OVINGTON BOULEVARD  Suite, Apt. \$, etc  300  Suite, Apt. \$, etc  5. Date Organized or Qualified To Do Business in Florids  O5/13/2015  Applied For  Ander For For Applied For  Applied For  Ander For For Applied State  To Do Business in Florids  O5/13/2015  Set Fill Number  Set For Number is Not Acceptable) Suite.  Courtring Williams  Authorized Representatives/ Authorized Representatives/ Majnogers  Authorized Representatives/ Authorized Representatives/ Authorized Representatives/ Authorized Rep  |  |  |  |  |  |
| Suite, Apt. \$, etc  900  900  5. Date Organized or Qualified To Do Business in Florida  95/13/2015  6. FEL Number  Applied For DE  11553  8. Name and Address of Current Registered Agent  Name  Corporation Service Company  Sitent Affirss (P.O. Box Number is Not Acceptable) Suite.  201 HAYS STREET  Apt. \$, Etc.  City  State  FL  32301  State  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Authorized Representatives/  Authorized Representatives/  Managers  Suite, Apt. \$, etc.  DE  5. Date Organized or Qualified To Do Business in Florida  To Do Bu            |  |  |  |  |  |
| State   City & State   City & State   Uniondale, NY   Country   Zip   Country   Zip   Country   T1553                  |  |  |  |  |  |
| To Do Business in Florida 05/13/2015  City & State Uniondale, NY Uniondale, NY Uniondale, NY   |  |  |  |  |  |
| Uniondale, NY    Uniondale, NY   Uniondale, NY   Uniondale, NY   State   Zip   Country   Total policable   |  |  |  |  |  |
| Uniondale, NY  Zip  Zip  Country  Zip  Country  To certificate of STATUS DESIRED  St.00 Addfitlonal Foe required for a certificate of Status  B. Name and Address of Current Registered Agent  Name  Corporation Service Company  Steel Address (P.O. Box Number is Not Acceptable) Suite.  I201 HAYS STREET  Apt. 4, Etc.  City  State  State  Signature of  Registered Agent  Authorized Representatives/ Managers  Name of  Authorized Representatives/ Managers  Country  7. CERTIFICATE OF STATUS DESIRED  St.00 Addfitlonal Foe required for a certificate of status  State  Zip Code  32301  State  Zip Code  Signature of  Registered Agent  VICO President  Date  City / State / Zip  Managers  City / State / Zip  Managers  City / State / Zip  City / State / Zip  Managers  City / State / Zip  Managers  City / State / Zip  |  |  |  |  |  |
| 8. Name and Address of Current Registered Agent  Name  Corporation Service Company  Sirel Address (P.O. Box Number is Not Acceptable) Suite.  1201 HAYS STREET  Apt. 8, Etc.  City  FL 32301  9. I, being appointed the registered agent of the above named limited liability company, and familiar with and accept the obligations of Chapter 605, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Name of Authorized Representatives/  Authorized Representatives/  Managers  7. CERTIFICATE OF STATUS DESIRED S.S  |  |  |  |  |  |
| 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. 8. Etc.  City Fallahassee  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.  Courtney Williams Signature of Registered Agent  // REGISTERED AGENT MUST SIGN  Name of Authorized Representatives/Managers  Titles  Name of Authorized Representatives/ Managers  Street Address of Each Authorized Representatives/ Managers  City/State/Zip Managers  |  |  |  |  |  |
| Name Corporation Service Company  Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 HAYS STREET  Apt. 1, Etc.  City  FL 32301  9. 1, 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  It Names and Street Addresses of Authorized Representatives/Managers  Name of Authorized Representatives/ Managers  Street Address of Each Authorized Representatives/ Managers  City / State / Zip Code  Titles  Street Address of Each Authorized Representatives/ Managers  City / State / Zip  Managers  City / State / Zip  Managers  |  |  |  |  |  |
| Corporation Service Company  Siret Address (P.O. Box Number is Not Acceptable) Suite.  1201 HAYS STREET  Apt. 1, Etc.  City  City  City  City  City  State  FL  Signature of  Registered Agent  I REGISTERED AGENT MUST SIGN  Name of  Authorized Representatives/ Managers  Street Address of Each Authorized Representatives/ Managers  City/State/Zip  Street Address of Each Authorized Representatives/ Managers  City/State/Zip  |  |  |  |  |  |
| Street Address (P.O. Box Number is Not Acceptable) Suite.  1201 HAYS STREET  Apt. 1. Etc.  City  City  State  FL   |  |  |  |  |  |
| City  Fallahassee  State  FL  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.  COUNTRY Williams  Registered Agent  / REGISTERED AGENT MUST SIGN  Names and Street Addresses of Authorized Representatives/Managers  Name of Authorized Representatives/ Managers  Street Address of Each Authorized Representatives/ Managers  City/State/Zip  Managers   |  |  |  |  |  |
| City  Fallahassee  State FL 32301  9. I, being appointed the registered agent of the above named fimiled liability company, am familiar with and accept the obligations of Chapter 605, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Names and Street Addresses of Authorized Representatives/Managers  Name of Authorized Representatives/ Managers  Street Address of Each Authorized Representatives/ Managers  City / State / Zip  City / State / Zip  |  |  |  |  |  |
| 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  // REGISTERED AGENT MUST SIGN ASST. VIOS President  10. Names and Street Addresses of Authorized Representatives/Managers  Name of Authorized Representatives/ Authorized Representatives/ Managers  Street Address of Each Authorized Representatives/ Managers  City / State / Zip Managers  |  |  |  |  |  |
| 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 // REGISTERED AGENT MUST SIGN // SOFT: VICO Prosident Date // D. I  |  |  |  |  |  |
| Signature of Registered Agent Courtney Williams  // REGISTERED AGENT MUST SIGN Aspt. Viso President  10. Names and Street Addresses of Authorized Representatives/Managers  Titles Name of Authorized Representatives/ Authorized Representatives/ Authorized Representative/ Managers  City / State / Zip Managers  |  |  |  |  |  |
| Registered Agent  // REGISTERED AGENT MUST SIGN AGENT MUST SIGN DECIDED  10. Names and Street Addresses of Authorized Representatives/Managers  Titles  Name of Authorized Representatives/ Authorized Representatives/ Authorized Representative/ Managers  City / State / Zip Managers   |  |  |  |  |  |
| / REGISTERED AGENT MUST SIGN   10   Names and Street Addresses of Authorized Representatives/Managers   11   Name of Authorized Representatives/ Authorized Representatives/ Authorized Representative/ Managers   Manager   City / State / Zip   Managers                  |  |  |  |  |  |
| Titles Name of Street Address of Each Authorized Representatives/ Authorized Representative/ Managers Manager City / State / Zip   |  |  |  |  |  |
| Authorized Representatives/ Authorized Representative/ City / State / Zip  Managers Manager  Authorized Representative/ City / State / Zip   |  |  |  |  |  |
| Managers Manager   |  |  |  |  |  |
| MGR INTERSTATE REALTY SPONSOR HOU333 EARLE OVINGTON BOULEVARD, UNIONDALE, NY 11553 US  |  |  |  |  |  |
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| 11, E- mail Address:   |  |  |  |  |  |
| (To be used for future annual report notifications)  12. I certify that I am an authorized representative/ manager or the receivor 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 affect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree  |  |  |  |  |  |
| 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  |  |  |  |  |  |
| shall have the same legal effect as if made under eath, I am aware that false information submitted in a document to the Department of State constitutes a third degree  |  |  |  |  |  |

la 10/10/11

## RECEIVED 2016 OCT 10 PM 4: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

|         |     |   |              | _ |
|---------|-----|---|--------------|---|
| ACCOUNT | NO. | : | 120000000195 | ō |

REFERENCE: 325087 7988522

AUTHORIZATION :

COST LIMIT : \$ (23.8.75

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 | PH 4: 45 |
| CONTACT PERSON: Courtney Williams                                 |          |

EXAMINER'S INITIALS