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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORMOCT 10 PM 4: 32

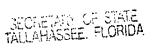
COMPANY REINSTATEMENT COMPANY Secretary of State Division of Corporations						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DOCUMENT # M15000003732 1. Limited Liability Company's Name Interstate Realty Holdings XVI, LLC							600291103056		
Principal Office Address - No P.O. Box # 3. Mailing Office Address							CR2E041 (1/14)		
333 EARLE OVINGTON BOULEVARD 333 EARLE OV					TON BOULEVARD				
Sulte, Apt	#, etc		Suite, Apt #. etc			DE			
900			900			5. Date Organized or Qualified To Do Business in Florida 05/13/2015			
City & State			City & State Uniondale, NY			6. FEI Number Applied For			
Uniondale, NY Zip Country			Zip Country			Not Applicable			
11553	,		11553		,	7. CERTIFICATE OF STATUS DESIRED 55.00 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 State Zip Code Tallahassee FL 32301									
9. t, bei Signature Registere	of	he registered seent of the above	\sim		ony, am familiar with and accordingly Wi Courtney Wi Asst. Vice Pre	lliams	of Chapter 605, F.S. Date	0	
10 Name	s and Street Ad	dresses of Authorized Represe	ntatives/Managers						
Titles	les Name of Authorized Representatives/ Managers				Street Address of Each Authorized Representative Manager	/ City / State / Zip			
MGR	INTERSTATE REALTY SPONSOR HOL			333 EARLE OVINGTON BLVD		N BLVD	UNIONDALE, NY	11553 US	
11, E-mai	Address:								
certify tha 605,0012, shall have felony as	t when filing the FS., and that the same leg provided for in	nis reinstatement application t t all fees owed by the limited l al effect as if made under oat is. 817.155, F.S.	anager or the receive he reason for dissolu lability company have	er or trust lion has a been p lse inform	been eliminated, the limited aid. The information indicat	this application as dliability company led on this applicat ment to the Departs	provided for in Chapter 605, F.S. name satisfies the requirement of ion is true and accurate, and my ment of State constitutes a third time Phone #	of section signature degree	
		representative/member of signing authorized represer	itative/member	MA	X PROFE	SORSKE	time Phone #		

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2016 OCT 10 PH 4: 32



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500	
ACCOUNT NO. : I2000000195	
REFERENCE : 325087 7988522	
AUTHORIZATION: Smillelle man	
COST LIMIT : \$ 238.75	
ORDER DATE : October 10, 2016	
ORDER TIME : 3:16 PM	
ORDER NO. : 325087-010	
CUSTOMER NO: 7988522	
REINSTATEMENT	
NAME: INTERSTATE REALITY HOLDINGS XVI, LLC	SUFFICE STATE
XX REINSTATEMENT	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	E 5
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	<u>ස</u>
CONTACT PERSON: Courtney Williams	

EXAMINER'S INITIALS ____