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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2016 OCT 10 PM 4:32

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600291103056

CR2E041 (1/14)

DOCUMENT # M15000003732

1. Limited Liability Company's Name

Interstate Realty Holdings XVI, LLC

2. Principal Office Address - No P.O. Box #

333 EARLE OVINGTON BOULEVARD

Suite, Apt #, etc

900

City & State

Uniondale, NY

Zip

11553

Country

3. Mailing Office Address

333 EARLE OVINGTON BOULEVARD

Suite, Apt #, etc

900

City & State

Uniondale, NY

Zip

11553

Country

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

05/13/2015

6. FEI Number

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

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

Date 10/10/16

REGISTERED AGENT MUST SIGN

Asst. Vice President

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 BLVD	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 PROFESORKE

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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 : *[Signature]*

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

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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