


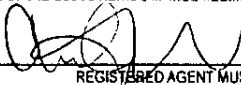
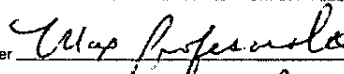
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **RECEIVED**

2016 OCT 10 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000291103010

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2016 OCT 10 PM 4:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA 000291103010	
DOCUMENT # M15000005988 1. Limited Liability Company's Name Interstate Realty Holdings XV, 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		CR2E041 (1/14) 4. State/Country of Formation DE 5. Date Organized or Qualified To Do Business in Florida 07/29/2015 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 REGISTERED AGENT MUST SIGN Asst. Vice President Date <u>10.10.16</u>					
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 II	333 EARLE OVINGTON BLVD SUITE 9	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 <u>10/6/16</u> Daytime Phone # <u>516 506 4583</u> Typed or printed name of signing authorized representative/member <u>MAX PROFESOR</u>					

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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 : *Lyndee Coleman*
COST LIMIT : \$ 238.75

ORDER DATE : October 10, 2016
ORDER TIME : 3:17 PM
ORDER NO. : 325087-015
CUSTOMER NO: 7988522

REINSTATEMENT

NAME: INTERSTATE REALITY HOLDINGS
XV, 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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16 OCT 10 PM 4:45
SUFFICIENT FILING