

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 FEB 15 AM 7:58

DOCUMENT # M15000008114

1. Limited Liability Company's Name

ORLANDO GARDEN PROPERTY LLC

500295612355

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

1370 AVENUE OF THE AMERICAS

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

21ST FLOOR

Suite, Apt. #, etc.

City & State

NEW YORK, NY

City & State

Zip

10018

Country

USA

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified
To Do Business in Florida

10/09/2015

6. FBI Number

47-5139077

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

REGISTERED AGENT MUST SIGN

Melissa Zender

Asst. Vice President

Date 2/15/17

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
AP	LEDY, DAVID M	1370 AVE. OF THE AMERICAS, 21ST FL.	NEW YORK, NY 10019

REINSTATEMENT

2016-2017

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

Daytime Phone #

Typed or printed name of signing authorized representative/member

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

ACCOUNT NO. : I20000000195

REFERENCE : 512205 4372739

AUTHORIZATION

COST LIMIT : \$377.50

ORDER DATE : February 15, 2017

ORDER TIME : 3:44 PM

ORDER NO. : 512205-010

CUSTOMER NO: 4372739

RECEIVED
DEPT. OF REVENUE
17 FEB 15 PM 4:29

REINSTATEMENT

NAME: ORLANDO GARDEN PROPERTY LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS _____