

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 JAN 23 PM 12 41

SECRETARY OF STATE
CORPORATIONS DIVISION

600308241596

DOCUMENT # M15000009638

1. Limited Liability Company's Name
Thor ASB 70 NE 39th LLC

2. Principal Office Address - No P.O. Box #
7501 Wisconsin Ave

Suite, Apt # etc
Suite 1300W

City & State
Bethesda, MD

Zip Country
20814 USA

3. Mailing Office Address
7501 Wisconsin Ave

Suite, Apt #, etc
Suite 1300W

City & State
Bethesda, MD

Zip Country
20814 USA

CR2E041 (1/14)

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida 12/02/2015

6. FEI Number Applied For
81-0711307 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 State Zip Code
Tallahassee 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.
Corporation Service Company

Signature of Registered Agent *Emily Croft*

Emily Croft

Date 01/23/2018

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	Thor MM 70 NE 39th LLC	7501 Wisconsin Ave, Suite 1300	Bethesda, MD 20814

REINSTATEMENT

JAN 23 2018
R. HUNT

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 *Brandon Reed* Date *1/19/18* Daytime Phone # *240/482/2921*

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 : 035873 7799035
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 516.25

ORDER DATE : January 23, 2018
ORDER TIME : 9:21 AM
ORDER NO. : 035873-005
CUSTOMER NO: 7799035

REINSTATEMENT

NAME: THOR ASB 70 NE 39TH LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS

JAN 23 2018

R. HUNT

RECEIVED
DEPARTMENT OF STATE
18 JAN 23 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA