

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2017 OCT -4

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800304190328

CR2E041 (1/14)

DOCUMENT # M16000005014

1. Limited Liability Company's Name

SuttonPark Capital LLC

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

600 Brickell Ave

Suite, Apt. #, etc.

1900

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

600 Brickell Ave

Suite, Apt. #, etc.

1900

City & State

Miami, FL

Zip

33131

Country

USA

4. State/Country of Formation

DE

5. Date Organized or Qualified  
To Do Business in Florida

06-22-2016

6. FEI Number

27-2061728

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

CT Corporation

Street Address (P.O. Box Number is Not Acceptable)

1200 S Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

*Kristin Bolden*

Kristin Bolden

Assistant Secretary

CT Corporation

Date 10/3/2017

REGISTERED AGENT MUST SIGN

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
Mr	Frederick A Love	600 Brickell Ave. Suite 1900	Miami, FL 33434

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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of  
Authorized Representative/Manager

*Frederick A. Love*

Date 10-2-17

Daytime Phone # 212-537-8806

Typed or printed name of signing Authorized Representative/Manager

Frederick A. Love

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 10-4-17

ACCT. I20160000072

*en: c Dll*

Name:	<u>Suttonpark Capital LLC</u>
Document #:	
Order #:	<u>10659605</u>

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing:

Certified:

Plain:

COGS:

Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_  
Ref# \_\_\_\_\_

Amount: \$ 268.75

Thank you!

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