

pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILE

2021 APR - 11 AM 11: 57

FLORIDA DEPARTMENT OF STATE

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M18000010742

1. Limited Liability Company's Name Fair Havens Propco, LLC

700363713607

LLP210681210-7

2. Principal Office Address - No P.O. Box # 2901 Stirling Road Suite 200 Ft. Lauderdale, FL 33312 US

3. Mailing Office Address 2901 Stirling Road Suite 200 Ft. Lauderdale, FL 33312 US

CR2E041 (1/14)

4. State/Country of Formation Delaware

5. Date Organized or Qualified To Do Business in Florida 11/30/2018

6. FEI Number 83-2527827 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 Cogency Global Inc. 115 N Calhoun St Suite 4 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. Signature of Registered Agent Sheila Carroll, Asst. Secretary Date 3/23/2021 REGISTERED AGENT MUST SIGN

Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Row 1: MGR, Bent Philipson, 22 Pleasant Ridge Road, Spring Valley, NY 10977

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 /s/ Bent Philipson Date 3/23/2021 Daytime Phone # (212) 682-4002 T MOORE



pg. 2 of 2

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

21 APR -7 04:12:32

Account#: 120000000088

Date: 04/07/2021

Name: Marcel Ogbonna-Amu

Reference #: 1336967

Entity Name: FAIR HAVENS PROPCO, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

ANY ISSUES. CALL
MARCEL:

(518) 213 - 0826

Thank you!

Authorized Amount: \$238.75

Signature: *Marcel Ogbonna-Amu*