

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M97000000871

1. Limited Liability Company's Name

Ocean Walk Mall LLC

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

40 HELLER REALTY
745 FIFTH AVE

Suite, Apt. #, etc.

NEW YORK

City & State

NY

Zip

10151

Country

3. Mailing Office Address

40 HELLER REALTY
745 FIFTH AVE

Suite, Apt. #, etc.

NEW YORK

City & State

NY

Zip

10151

Country

4. State/Country of Formation

NY

5. Date Organized or Qualified
To Do Business in Florida

12/19/97

6. FEI Number

13398276

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)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Amanda Roath

Amanda Roath
As its agent

Date

04-04-08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	REALTY HOLDING A.C. CORP.	745 FIFTH AVE	NEW YORK, NY 10151

400122290804
04/07/08--01002--021 **516.25

REINSTATEMENT 2006-2008

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.406, 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.

Signature of
Managing Member/Manager

Arnold Simon, PRES

Date

4/4/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

ARNOLD SIMON



CORPORATION SERVICE COMPANY

M97000000871

RECEIVED

08 APR -4 PM 2:47

ACCOUNT NO. : 072100000032

REFERENCE : 516127

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
4352731 TALLAHASSEE, FLORIDA

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : April 4, 2008

ORDER TIME : 1:50 PM

ORDER NO. : 516127-005

CUSTOMER NO: 4352731

FILED
08 APR -4 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: OCEAN WALK MALL LLC

Handwritten signature/initials

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath - Ext# 2955

EXAMINER'S INITIALS _____