

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

00 DEC 29 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

*MA9000000992*  
*Renaissance Housing II, LLC*

**REINSTATEMENT**

2. Principal Office Address

3. Mailing Office Address

*489 5<sup>th</sup> Ave*

*489 5<sup>th</sup> Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*34<sup>th</sup> Floor*

*34<sup>th</sup> Flr*

City & State

City & State

*New York, NY*

*NY, NY*

Zip

Country

Zip

Country

*10017*

*USA*

*10017*

*USA*

4. State/Country of Formation

*Delaware*

5. Date Organized or Qualified  
To Do Business in Florida

*June 1995*

6. FEI Number

*91-6481129*

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

*CT Corporation System*

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

*1200 S Pine Island Road*

Suite, Apt. #, Etc.

City

*Plantation*

State

Zip Code

*FL*

*33324*

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

*Connie Bryan*

**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**

Date

*12/29/00*

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager                                          | City / State / Zip                                                                     |
|--------|--------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| MEM    | <i>Royce A. Mulholland</i>           | <i>489 5<sup>th</sup> Ave, 34<sup>th</sup></i><br><del><i>489 5<sup>th</sup> Ave</i></del> | <i>NY NY 10017</i>                                                                     |
| MEM    | <i>Mark Chasen</i>                   | <i>489 5<sup>th</sup> Ave</i>                                                              | <i>NY NY 10017</i>                                                                     |
| MEM    | <i>William Heidesdoek</i>            | <i>489 5<sup>th</sup> Ave</i>                                                              | <i>NY NY 10017</i>                                                                     |
|        |                                      |                                                                                            | <i>000003535650--0</i><br><i>-01/12/01--01055--006</i><br><i>****150.00 ****150.00</i> |

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

*Royce A. Mulholland*

Date

*12/18/00*

Daytime Phone #

*212-661-5015*

Typed or printed name of signing Managing Member/Manager

*Royce A. Mulholland*

CR2E041 (9/00)