

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L02000007699

1. Limited Liability Company's Name

33RD STREET CONDOS, LC

2. Principal Office Address

6451-A 19 ST E

Suite, Apt. #, etc.

City & State

SARASOTA

Zip

Country

34243-5406

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

4/01/02

6. FEI Number

74-3043180

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

PAUL D KIRBY

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

6323

BAY CEDAR LN

LN

100030957901

03/23/04--01124--001 **205.00

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34203

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

PAUL D KIRBY

REGISTERED AGENT MUST SIGN

Date

3-15-04

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
MGRM	STEVE SOLOMON	6451-A 19 ST E	SARASOTA FL 34243-5406
MGRM	PAUL D KIRBY	6323 Bay Cedar LN	BRADENTON FL 34203
MGRM	DON J. ZIMMERMAN	10306 TAMO SHANTU	BRADENTON FL 34202

REINSTATEMENT 02-03

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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

PAUL D KIRBY

Date

3-15-04

Daytime Phone #

941-737-1911

Typed or printed name of signing Managing Member/Manager

PAUL D. Kirby

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (9/01)