

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 22 AM 10:30

DOCUMENT # L02000028287

1. Limited Liability Company's Name
3055 5TH AVENUE NORTH, L.L.C.

100183563851
07/22/10--01036--010 **655.00

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 3055 5TH AVENUE N.		3. Mailing Office Address 3055 5TH AVENUE N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST. PETERSBURG, FL		City & State ST. PETERSBURG, FL	
Zip 33713	Country USA	Zip 33713	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida October 24, 2002	
6. FEI Number 11-3659958	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name ALAN S. GASSMAN

Street Address (P.O. Box Number is Not Acceptable)
1245 COURT STREET

Suite, Apt. #, Etc
Suite 102

City Clearwater State FL Zip Code 33756

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 Date 7/21/10

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
MGR	DEBORAH S. BART	3055 5TH AVENUE N.	ST. PETERSBURG, FL 33713

REINSTATEMENT 2007-2010

11. E-mail Address: _____ (To be used for future annual report notifications)

12. 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 Date 7/21/10 Daytime Phone # 727-442-1200

Typed or printed name of signing Managing Member/Manager ALAN GASSMAN, as Auth. Rep. for DEBORAH S. BART

GASSMAN, BATES & ASSOCIATES, P.A.
ATTORNEYS AT LAW

ALAN S. GASSMAN **
LONDON L. BATES ***†
KENNETH J. CROTTY ***
CHRISTOPHER J. DENICOLO ***

1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756
PHONE: (727) 442-1200
FAX: (727) 443-5829
GassmanBatesLawGroup.com

- * LL. M. IN TAXATION
- + BOARD CERTIFIED LAWYER IN
WILLS, TRUSTS AND ESTATES
- ** CERTIFIED PUBLIC ACCOUNTANT
- *** LL.M. IN ESTATE PLANNING
- † CERTIFIED CIRCUIT COURT MEDIATOR

July 21, 2010
VIA UPS

Florida Department of State
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: 3055 5th AVENUE NORTH, L.L.C.

Dear Sir/Madam:

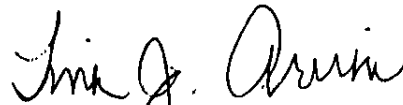
Enclosed for filing please find a Limited Liability Company Reinstatement Form with respect to the above-referenced LLC.

Also enclosed please find a check made payable to the Secretary of State in the amount of \$655.00 for applicable filing fees.

Please return the filed Reinstatement Form to our office in the enclosed self-addressed, stamped envelope.

Please contact me if you have any questions on the attached.

Best regards,



Tina J. Arvin
Paralegal for Alan S. Gassman

:tja

Enclosures

cc: Deborah Bart, M.D. (w/ encl.)

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