PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
10 MAR -9 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

000171548570
03/08/10--01083--021 **660.00

CR2E041 (11/09)

DOCUMENT #

1. Limited Liability Company's Name
L05000014670
109TH STREET COMMERCIAL LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
230 FAIRMOUNT AVE	230 FAIRMOUNT AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HYDE PARK, MA	City & State: HYDE PARK, MA
Zip: 02136 Country: US	Zip: 02136 Country: US

4. State/Country of Formation: FLORIDA, US

5. Date Organized or Qualified To Do Business in Florida: 2/11/2005

6. FEI Number: EIN 20-2319327 ☐ 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: Robert Dimodica

Street Address (P.O. Box Number is Not Acceptable): 28741 S. Diesel Drive

Suite, Apt. #, Etc.:

City: Bonita Springs State: FL Zip Code: 34135

☐ 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: _____ Date: 3/1/2010
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
MGRM	JOSEPH R. WATSON	230 FAIRMOUNT AVE	HYDE PARK, MA 02136
	REINSTATEMENT		07-10

11. E-mail Address: JOSEPHRWATSON@HOTMAIL.COM
(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: Joseph R. Watson Date: 2/28/10 Daytime Phone #: 617-501-1880

Typed or printed name of signing Managing Member/Manager: _____

MAR 10 2010