

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000051790

1. Limited Liability Company's Name

3320 SE 4TH STREET, LLC

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

813 ANDOVER BOULEVARD

Suite, Apt. #, etc.

City & State

KNOXVILLE, TENNESSEE

Zip

37934

Country

KNOX

3. Mailing Office Address

813 ANDOVER BOULEVARD

Suite, Apt. #, etc.

City & State

KNOXVILLE, TENNESSEE

Zip

37934

Country

KNOX

4. State/Country of Formation

BROWARD COUNTY, FLORIDA

5. Date Organized or Qualified

To Do Business in Florida JULY 24, 2006

6. FEI Number

20-4959743

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

FREDERICK W. HOETHKE

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

3843 SE JEFFERSON STREET

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34997

☐ 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

Frederick W. Hoethke

Date 10-30-09

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	FREDERICK W. HOETHKE	813 ANDOVER BOULEVARD	KNOXVILLE, TN 37934
MGRM	DIANA SAFFA-HOETHKE	813 ANDOVER BOULEVARD	KNOXVILLE, TN 37934

REINSTATEMENT 07-09 AL

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

Frederick W. Hoethke

Date 11-3-09

Daytime Phone # 954-254-0881

Typed or printed name of signing Managing Member/Manager **FREDERICK W. HOETHKE**