

L99000001355

Florida Department of State
Division of Corporations
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From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
Account Number : 073222003555
Phone : (561) 686-3307
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RECEIVED
DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT**53RD COMPANIES, LLC**

Name Availability	
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Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		H02000145554 0 02 JUN -5 PM 2:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA FILED	
DOCUMENT #		L99000001355			
1. Limited Liability Company's Name 53RD COMPANIES, LLC.					
2. Principal Office Address		3. Mailing Office Address		4. State/Country of Formation	
106 Glenbrook Court		106 Glenbrook Court		USA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida	
				03/10/1999	
City & State		City & State		6. FEI Number	
Atlanta, FL		Atlanta, FL		52-2169010	
Zip		County		7. CERTIFICATE OF STATUS DESIRED ☐	
33462		33462		Applied For Not Applicable	
				35.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Gary N. Gerson		
Street Address (P.O. Box Number is Not Acceptable) 1645 Palm Beach Lakes Blvd.		
Suite, Apt. #, Etc. Suite 1200		
City	State	Zip Code
West Palm Beach	FL	33401

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 Gary N. Gerson Date **06/03/02**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
Managing Member	Kohn, Marvin A.	106 Glenbrook Court	Atlanta, FL 33462

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 satisfied 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 Marvin A. Kohn Date **June 3, 2002** Daytime Phone # **(561) 969-7970**

Typed or printed name of signing Member/Manager **Marvin A. Kohn, Managing Member**