
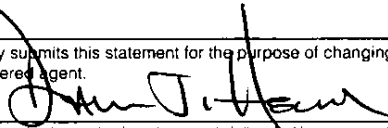



# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY  
DIVISION

07 JUN 13 PM 2:45

<b>DOCUMENT # L02000005583</b> 1. Entity Name <b>MAIN STREET HOLDINGS LLC</b>					
Principal Place of Business <b>1300 NE 94TH STREET MIAMI SHORES, FL 33138</b>			Mailing Address <b>1300 NE 94TH STREET MIAMI SHORES, FL 33138</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>02-0556595</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>CFRA, LLC 4221 W. BOY SCOUT BLVD 10TH FLOOR TAMPA, FL 33607</b>			7. Name and Address of New Registered Agent Name <b>David Heller</b> Street Address (P.O. Box Number is Not Acceptable) <b>1300 N.E. 94th Street</b> City <b>Miami Shores</b> <b>FL</b> Zip Code <b>33138</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>5/14/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$200.00</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HELLER, DAVID 1300 NE 94TH STREET MIAMI SHORES, FL 33138	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100104446761</b> <b>06/15/07--01065--013 **200.00</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  DATE <b>5/14/07</b> <b>305-757-8414</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

REINSTATEMENT