

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC -4 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000090946

1. Limited Liability Company's Name

6TH AVENUE PARTNERS, LLC

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

158 6TH AVENUE SOUTH

Suite, Apt. #, etc.

3. Mailing Office Address

158 6TH AVENUE SOUTH

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip
34102

Country
U.S.A.

Zip
34102

Country
U.S.A.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name
BILLINGSLEY, TERRY J

Street Address (P.O. Box Number is Not Acceptable)
158 6TH AVENUE SOUTH

Suite, Apt. #, Etc.

City
NAPLES

State
FL

Zip Code
34102

☒ 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

REGISTERED AGENT MUST SIGN

Date **12/2/07**

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
P	BILLINGSLEY, TERRY J	158 6TH AVENUE SOUTH	NAPLES FL 34102
			100112948981 12/07/07--01043--005 **150.00
			REINSTATEMENT 2005-2007

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

Date **12/2/07**

Daytime Phone #

239-403-7727

Typed or printed name of signing Managing Member/Manager

Terry J Billingsley