

# Florida Department of State

## Division of Corporations

Public Access System Katherine Harris, Secretary of State

### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000060807 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: HILL, WARD & HENDERSON, P.A. II Account Name

Account Number : 072100000520 Phone : (813)221-3900

Fax Number : (813)221-2900 AL

LIMITED LIABILITY REINSTATEMENT SEVENTH AVENUE, LLC  Certificate of Status  Certificate Of Status  Certified Copy  Page Count  Discrepance  On Status  On Status								
Certificate of Status	1	)RPO						
Certified Copy	0	RAT						
Page Count	01							
Estimated Charge	\$205.00							

# FROM HILL WARD, HENDERSON, P. A. (WED) 3. 20' 02 14:07/ST. 13:57/NO. 4260294615 P 2

	PLEASE READ A	ALL ING	KUCTIONS BEF	ORE COMPL	EHNGI	MIS FORM.		
CC	ED LIABILITY OMPANY STATEMENT	:	DEPARTMENT OF Katherine Harris Secretary of State ISION OF CORPORATIONS				SEC TALL	
DOCUMENT # L00000013688				** ***	02	AR TA		
ak Littled Li	· · · ·					=		
	Seventh Avenue, LLC					HAR 20		
2. Principal	Office Address	3. Maillag O	ffice Address				<b>크</b> 류	
57 Ada	alia Avenue	57 Ada	lalia Avenue 4. state/0		Country of For	mation		
Suite, Apt. #.	etc.	Suite, Apt. #,	· · · · · · · · · · · · · · · · · · ·		Florida  5. Date Organized or Oualified To Do Business in Florida 11/07/2000			
				5. Date C				
City & State		City & State	<u> </u>			71/0//2		
Tampa,	, Florida	Tampa	, Florida	6. FEI NO	mber 1683433	}	Applied For	
Zip	Country	Zip	Country	7.	0003433	55.00	Not Applicable	
33606	USA	33606	USA	CERTIFIC	CATE OF STATE	US DESIRED   S5,00 Addition a Ce	itional Fee required intificate of Status	
		8. N	ame and Address of Curren	nt Registered Agent				
	Name		<u> </u>					
ŀ	Jonathan P. Je. Street Address (P.O. Box Number is No	nnewein	· · · · · · · · · · · · · · · · · · ·			<del> </del>		
	101 East Kenne		word					
	Suite, Apt. #, Etc.	AA WATTE	varu					
į.	Suite 3700							
	ску "Ташра"				State FL	Zip Gode 33602		
<b>9.</b> 1, being ap	ppointed the registered agent of the above	named limited	liability company, am familia	r with and sceept the obl	ligations of Ch	apter 608, F.S.	30/03	
						F		
Registered Agent Date 3 • 20 • 0 2								
1D. Names:	and Street Addresses of Managing Mamb	oor/Managemen				<del></del>		
	Name of	ver as user reviter a	Should Adde			. · <u>,                                     </u>		
Tilles	Managing Members/Manager	5	Street Address of Each Managing Member/Manager			City / State / Zip		
MM	Robert Douglas Richter		57 Adalia Avenue		Tam	Tampa, Florida 33606		
							1	
				<u> </u>	<del>- </del>			
							<u></u>	
<u></u>			*		-			
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 Manager Flory Flory Date 3-15-62 Daytime Phone#								
Typed or priviled name of signing Managing Member/Manager Robert Douglas Richter, Managing Member								