

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

03 FEB 11 PM 12:34

1. DOCUMENT # L01000009061

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0005062 01 FP 0.352 **PRST T6 0 0615 33701-112701



FOURTH STREET VENTURE II, LLC
201 14TH AVE. NORTH
ST. PETERSBURG FL 33701-1127



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 201 14TH AVE. NORTH ST. PETERSBURG FL 33701		5. Date Organized or Qualified To Do Business in Florida 06/06/2001	
3. New Principal Place of Business Address 944 4th St. N, Suite 800 City, State, Zip St. Petersburg FL 33701		6. FEI Number 59-3726595 Applied For Not Applicable	
8. Name and Address of Current Registered Agent FUDGE, FELIX D 201 14TH AVE. NORTH ST. PETERSBURG FL 33701		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: 944 4th St N Street Address (P.O. Box Number is Not Acceptable): Suite 800 City: St Petersburg FL Zip Code: 33701			
10. 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: [Signature] Date: 1/1/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing member	Felix D. Fudge	944 4th Street N Suite 800 St Petersburg FL 33701	St Petersburg Fla 33701
FUDGET01038261 01/21/03--01057--005 **200.00			
REINSTATEMENT 02-03			

12. 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

[Signature]

Date

1/1/03

Daytime Phone #

727-894-1717

Typed or printed name of signing Managing Member/Manager

F D Fudge