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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2005 DEC 30 A 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000014782

CR2E041 (8/05)

1. Limited Liability Company's Name

1st AVENUE WEST, L.L.C.

2. Principal Office Address	3. Mailing Office Address
215 32nd Street West	215 32nd Street West
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL	City & State: Bradenton, FL
Zip: 34205 Country: USA	Zip: 34205 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 8/29/2001

6. FEI Number: 043690692 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: G. Joseph Harrison

Street Address (P.O. Box Number is Not Acceptable): 1206 Manatee Avenue West

Suite, Apt. #, Etc.:

City: Bradenton, State: FL Zip Code: 34205

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 _____ Date 12/30/05

REGISTERED AGENT MUST SIGN

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
mem/mgr	H. Eugene Bay	215 32nd Street West	Bradenton, FL 34205
mem/mgr	Paul Chapin	215 32nd Street West	Bradenton, FL 34205

REINSTATEMENT 05

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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 12/30/05 Daytime Phone # 941-726-1846

Typed or printed name of signing Managing Member/Manager _____

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TALLAHASSEE, FLORIDA

Florida Department of State

Division of Corporations
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Account Number : I20010000002
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LIMITED LIABILITY REINSTATEMENT

1ST AVENUE WEST, L.L.C.

Certificate of Status	1
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