

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000017264

1. Limited Liability Company's Name

6TH &amp; DIXIE, L.L.C.

2. Principal Office Address

1050 S. FEDERAL HWY

Suite, Apt. #, etc.

SUITE 149

City &amp; State

DELRAY BEACH, FL

Zip

33483

Country

PALM BEACH

3. Mailing Office Address

1050 S. FEDERAL HWY

Suite, Apt. #, etc.

SUITE 149

City &amp; State

DELRAY BEACH, FL

Zip

33483

Country

PALM BEACH

4. State/Country of Formation

FLORIDA/ USA

5. Date Organized or Qualified  
To Do Business in Florida

07/10/2002

6. FEI Number 76-0715498

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

LIONS, JACOB

Street Address (P.O. Box Number is Not Acceptable)

1050 S. FEDERAL HWY

Suite, Apt. #, Etc.

SUITE 149

City

DELRAY BEACH

State

FL

Zip Code

33483

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 01/15/2004

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
MGR	LIONS, JACOB	1050 S. FEDERAL HWY, ST 149	DELRAY BEACH, FL 33483

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 01/15/2003

Daytime Phone # 561/707-4333

Typed or printed name of signing Managing Member/Manager JACOB LIONS