

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

10 JUL 22 AM 10:30

DOCUMENT # L02000028287

1. Limited Liability Company's Name 3055 5TH AVENUE NORTH, L.L.C.

100183563851 07/22/10--01036--010 \*\*655.00

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 3055 5TH AVENUE N. Suite, Apt. #, etc. City & State ST. PETERSBURG, FL Zip 33713 Country USA

4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida October 24, 2002 6. FEI Number 11-3659958 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent Name ALAN S. GASSMAN Street Address (P.O. Box Number is Not Acceptable) 1245 COURT STREET Suite, Apt. #, Etc Suite 102 City Clearwater State FL Zip Code 33756

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 [Signature] Date 7/21/10 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Table with columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGR, DEBORAH S. BART, 3055 5TH AVENUE N., ST. PETERSBURG, FL 33713. Includes REINSTATEMENT 2007-2010 stamp.

11. E-mail Address: (To be used for future annual report notifications)

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.

Signature of Managing Member/Manager [Signature] Date 7/21/10 Daytime Phone # 727-442-1200 Typed or printed name of signing Managing Member/Manager ALAN GASSMAN, as Auth. Rep. for DEBORAH S. BART

GASSMAN, BATES & ASSOCIATES, P.A.  
ATTORNEYS AT LAW

ALAN S. GASSMAN \*\*  
LONDON L. BATES \*\*\*†  
KENNETH J. CROTTY \*\*\*  
CHRISTOPHER J. DENICOLO \*\*\*

1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756  
PHONE: (727) 442-1200  
FAX: (727) 443-5829  
GassmanBatesLawGroup.com

- \* LL. M. IN TAXATION
- + BOARD CERTIFIED LAWYER IN  
WILLS, TRUSTS AND ESTATES
- \*\* CERTIFIED PUBLIC ACCOUNTANT
- \*\*\* LL.M. IN ESTATE PLANNING
- † CERTIFIED CIRCUIT COURT MEDIATOR

July 21, 2010  
VIA UPS

Florida Department of State  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: 3055 5<sup>th</sup> AVENUE NORTH, L.L.C.**

Dear Sir/Madam:

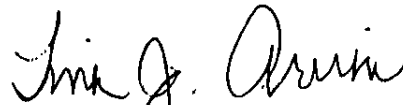
Enclosed for filing please find a Limited Liability Company Reinstatement Form with respect to the above-referenced LLC.

Also enclosed please find a check made payable to the Secretary of State in the amount of \$655.00 for applicable filing fees.

Please return the filed Reinstatement Form to our office in the enclosed self-addressed, stamped envelope.

Please contact me if you have any questions on the attached.

Best regards,



Tina J. Arvin  
Paralegal for Alan S. Gassman

:tja

Enclosures

cc: Deborah Bart, M.D. (w/ encl.)

J:\B\Bart, Deborah\3055 5TH AVENUE NORTH, L.L.C\Dept. of State.Reinstatement filing.wpd  
1383