


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT 17 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000012391 1. Entity Name 3476 SECOND AVE., L.L.C.					
Principal Place of Business 3476 SECOND AVE. NORTH LAKE WORTH, FL 33460		Mailing Address 3476 SECOND AVE. NORTH LAKE WORTH, FL 33460			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent MEISEL, KEITH W 712 US HIGHWAY ONE SUITE 230 NORTH PALM BEACH, FL 33408				7. Name and Address of New Registered Agent Name <u>GEORGE BARIS</u> Street Address (P.O. Box Number is Not Acceptable) <u>2839 DONALD ROAD</u> City <u>West Palm Beach</u> FL Zip Code <u>33461</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>George Baris</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>GEORGE BARIS</u> MGRM <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>10.9.07</u>	
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARIS, GEORGE 3476 SECOND AVE. NORTH LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 000110904380 10/17/07--01058--010 **50.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>George Baris</u> <u>GEORGE BARIS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <u>10.9.07</u>		DAYTIME PHONE # <u>561-267-3906</u>	



10082007 REIN-LLC CR2E101 (1/07)

4. FEI Number 03-9366143 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

REINSTATEMENT

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