PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|---|---|

**DOCUMENT #** L03000024763

**1.** Corporation Name

40th Street, LLC

| **2.** Principal Office Address 3020 N. Federal Hwy | **3.** Mailing Office Address 3020 N. Federal Hwy | CR2E081 (8/05) |
|---|---|---|
| Suite, Apt. #, etc. 11B | Suite, Apt. #, etc. 11B | |
| City & State Ft. Lauderdale, FL | City & State Ft. Lauderdale, FL | **4.** Date Incorporated or Qualified To Do Business in Florida 07/08/03 |
| | | **5.** FEI Number ☐ Applied For ✓ Not Applicable |
| Zip 33306 | Country USA | Zip 33306 | Country USA | **6.** CERTIFICATE OF STATUS DESIRED ☐ | $8.75 Additional Fee required for a Certificate of Status |

**7. Name and Address of Current Registered Agent**

| Name | John C. Walker, CPA |
|---|---|
| Street Address (P.O. Box Number is Not Acceptable) | 3020 N. Federal Highway |
| Suite, Apt. #, Etc. | Bldg. 11B |
| City | Ft. Lauderdale | State FL | Zip Code 33306 |

**8.** I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____  Date 10/7/05
REGISTERED AGENT MUST SIGN

**9.** Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| PR | Robert K. Blake | 3020 N. Federal Hwy, 11B | Ft. Lauderdale, FL 33306 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**10.** I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:** _____  10/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR        Date        Daytime Phone #