

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

06 NOV 22 PM 2:41

DOCUMENT # LO3000035756

1. Limited Liability Company's Name
90TH STREET, LLC

2. Principal Office Address
700 NE 90TH STREET

Suite, Apt. #, etc.
A

City & State
MIAMI, FL

Zip Country
33138 USA

3. Mailing Office Address
700 NE 90TH STREET

Suite, Apt. #, etc.
A

City & State
MIAMI, FL

Zip Country
33138 USA

11/13/06 CR2E041 (8/05) 01049 013 \$150.00

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
09/16/2003

6. FEI Number
56-2408737

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

8. Name and Address of Current Registered Agent

Name
STEVEN K. BAIRD
Street Address (P.O. Box Number is Not Acceptable)
5981 NE 6TH AVENUE
Suite, Apt. #, Etc.
City
MIAMI

State Zip Code
FL 33137

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 Steven K. Baird Date 11/19/06
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	SUSAN LAWSON	700 NE 90 ST SUITE A	MIAMI FL 33138
MGR	DAVID CARLISLE	700 NE 90 ST SUITE A	MIAMI FL 33138
MGR	NANCY DOWSON	700 NE 90 ST SUITE A	MIAMI FL 33138

300082109393
11/28/06 01055-011 **50.00

REINSTATEMENT

2005-2006 felt

1. 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 David Carlisle Date 11/10/06 Daytime Phone # 205 621-5353

Typed or printed name of signing Managing Member/Manager DAVID CARLISLE