

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 FEB 20 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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02/08/08--01034--010 \*\*416.25

CR2E041 (12/07)

DOCUMENT # LO3000047992

1. Limited Liability Company's Name

Elm Avenue Apartments, LLC

2. Principal Office Address - No P.O. Box #

400 SE 5th Ct

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2326

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

LAKE WALES, FL

Zip

33060

Country

Zip

33859

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

20-0451903

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

Stephen Zukowski

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

400 SE 5th Ct

Suite, Apt. #, Etc.

FL

City

Pompano Beach

State

FL

Zip Code

33060

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

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
<u>MEM</u>	<u>Zukowski, Stephen</u>		
<u>MEM</u>	<u>Zukowski, Edward</u>		

REINSTATEMENT 06-08

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

Edward Zukowski

Date

2/5/08

Daytime Phone #

863-678-1895

Typed or printed name of signing Managing Member/Manager