PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS 08 NOV 26 PH R. 12 LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # L04000019544 1. Limited Liability Company's Name FIFTH AVENUE ENTERPRISES, LLC CR2E041 (10/08) 3. Mailing Office Address 11 Date Organized or Qualified To Do Business in Florida City & State City & State 11 Not Applicable Country Zip \$5.00 Additional Fee required 1 ( CERTIFICATE OF STATUS DESIRED for a Certificate of Status 8. Name and Address of Current Registered Agent Name 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 Suite, Apt. #, Etc. not received and requesting the \$100 reinstatement be waived. State NAPLES 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 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers City / State / Zip 12859 BRYNWOOD PRES.LN. NAPLES, FL 34105 A. ROLLE <del>- 300138182133</del> 11/21/08--01037--023 \*\*238.75 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 filling 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

Date 11/17/08 Daytime Phone# 239-248-1245

as if made under oath.

Typed or printed name of signing Managing Member/Manager

Managing Member/Manage