

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
09 JUN 23 PM 1:46

DOCUMENT # Lo4000029376

1. Limited Liability Company's Name

Fifth Avenue Consulting, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 111 Second Avenue NE		3. Mailing Office Address 111 Second Avenue NE	
Suite, Apt. #, etc. Suite 907		Suite, Apt. #, etc. Suite 907	
City & State Saint Petersburg, FL		City & State Saint Petersburg, FL	
Zip 33701	Country USA	Zip 33701	Country USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida 4/16/2004

6. FEI Number
42-1628055

☒ 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
David L Rau

Street Address (P.O. Box Number is Not Acceptable)
375 Brightwaters Boulevard NE

Suite, Apt. #, Etc.

City
Saint Petersburg, FL

State
FL

Zip Code
33704

☐ 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
MGRM	David L Rau	375 Brightwaters Boulevard NE	Saint Petersburg, FL 33704
			600157434246 06/19/09--01005--007 **\$55.00
	REINSTATEMENT	2006-2009	

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

Date 6/16/2009

Daytime Phone# 727-599-9050

Typed or printed name of signing Managing Member/Manager David L Rau

FIFTH AVENUE CONSULTING, LLC

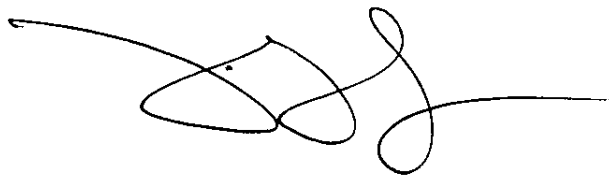
111 SECOND AVENUE NORTHEAST SUITE 907
ST. PETERSBURG, FLORIDA 33701
(727) 599-9050

Dear Sir/Madam,

Please accept my apology. Apparently notices were sent to a Maryland address without my knowledge. The LLC was set up by one of my attorneys. I didn't realize I needed to file these each year.

My mistake.

Sincerely

A stylized handwritten signature in black ink, consisting of a large, loopy initial 'S' followed by a series of connected loops and a long horizontal stroke extending to the right.