

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000037380

1. Limited Liability Company's Name

49th Street, L. L. C.

2007

BK

CR2E041 (1/11)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN -9 PM 3:18

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

151 Marina Del Rey Court

Suite, Apt. #, etc.

3. Mailing Office Address

151 Marina Del Rey Court

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33767

Country

USA

Zip

33767

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 05/17/2004

6. FEI Number

86-1112521

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

Gerald J Yegge

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

151 Marina Del Rey Court

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33767

E-mail Address:

600208657416
06/09/11--01004--025 **753.75

jerryegge@yahoo.com

(To be used for future annual report notices)

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 6/6/11

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	Gerald J Yegge	151 Marina Del Rey Court	Clearwater, FL 33767

REINSTATEMENT 2007-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Date June 6 2011

Daytime Phone # 727-596-5017

Typed or printed name of signing Managing Member/Manager Gerald J Yegge