

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 MAY -2 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800201055758  
04/08/11--01056--013 \*\*\*655.00

CR2E041 (1/11)

**DOCUMENT # L04000065826**

1. Limited Liability Company's Name

**102 Cedar Avenue Partners, LLC**

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

**4050 11th Street North**

Suite, Apt. #, etc.

3. Mailing Office Address

*Same*

Suite, Apt. #, etc.

City & State

**St Petersburg, FL**

City & State

Zip

**33703**

Country

**USA**

Zip

Country

4. State/Country of Formation

**FL/USA**

5. Date Organized or Qualified  
To Do Business in Florida

**9/03/04**

6. FEI Number

**42-1645288**

☐ 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 **Steve Barlow**

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

**4050 11th Street North**

Suite, Apt. #, Etc.

City

**St. Petersburg**

State

**FL**

Zip Code

**33703**

E-mail Address:

**SB4050@verizon.net**

(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

**4/29/11**

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
Partners	Richard & Beth Mason	1918 Seminole Trail	Lakeland, FL 33803
Partners	Mahlon & Laurie Barlow	2922 West Wallcraft Avenue	Tampa, FL 33611
Partner	Elizabeth Brandes	464 Severn Ave	Tampa, FL 33606
Partners	Steve & Ronice Barlow	4050 11th Street North	St. Petersburg, FL 33703
<b>L. SELLERS</b>			
<b>MAY -4 2011</b>			
<b>OR-11</b> <b>W11-20290</b>			

11. I, **EXAMINER**, certify that I am a qualified officer, 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

**4/6/11**

Daytime Phone #

**327-424-4380**

Typed or printed name of signing Managing Member/Manager