

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 20 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300176683093
04/20/10--01044--012 **555.00

CR2E041 (11/09)

DOCUMENT # LD5000009460

1. Limited Liability Company's Name

4th Street Holdings, LLC

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

500 E. Broward Blvd.

Suite, Apt. #, etc.

#1600

City & State

Ft. Lauderdale, FL

Zip

33394

Country

USA

3. Mailing Office Address

500 E. Broward Blvd.

Suite, Apt. #, etc.

#1600

City & State

Ft. Lauderdale, FL

Zip

33394

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

1.28.2005

6. FEI Number

20.2247361

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

Sonn & Associates, PA

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

500 E. Broward Boulevard

Suite, Apt. #, Etc.

#1600

City

Ft. Lauderdale

State

FL

Zip Code

33394

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-19-10

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	Jeffrey R. Sonn, Esq.	500 E. Broward Blvd., #1600	Ft. Lauderdale, FL 33394
MGRM	Jeffrey Erez, Esq.	500 E. Broward Blvd., #1600	Ft. Lauderdale, FL 33394

REINSTATEMENT 07-10

11. E-mail Address: jsonn@sonnerez.com

(To be used for future annual report notifications)

12. 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

[Signature]

Date 2-19-10

Daytime Phone #

954.763.4100

Typed or printed name of signing Managing Member/Manager

JEFFREY R. SONN, ESQ.