


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000044991		
1. Entity Name 45TH STREET COMMERCE INVESTMENTS, LLC		

FILED

07 MAY 23 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 812 NW 1ST STREET FORT LAUDERDALE, FL 33311	Mailing Address 812 NW 1ST STREET FORT LAUDERDALE, FL 33311
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04302007 REIN-LLC CR2E101 (1/07)

4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent DAMERAU, DAVID F 812 NW 1ST STREET FORT LAUDERDALE, FL 33311		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the registered agent.

SIGNATURE DAVID DAMERAU, M.M. 4/20/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR. DFD CAPITAL OF INDIAN RIVER, LLC</u> <u>812 NW 1ST</u> <u>FORT LAUDERDALE, FL 33311</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100103593871</u> <u>05/31/07--01014--010</u> **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

06, 07

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE DAVID DAMERAU, M.M. 4/20/07 954-535-1032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #