

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 27 PM 2:05

DOCUMENT # L05000062848

1. Limited Liability Company's Name

49th Street Station, LLC

000106977530
07/31/07--01022--005 **100.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
6105-G Memorial Highway

3. Mailing Office Address
6105-G Memorial Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33615

Country
USA

Zip
33615

Country
USA

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida **6/20/2005**

6. FEI Number

☒ 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
Andrew M. O'Malley

Street Address (P.O. Box Number is Not Acceptable)
712 South Oregon Avenue

Suite, Apt. #, Etc.

City
Tampa, FL

State
FL

Zip Code
33606

☒ 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 appoi

Signature of
Registered Agent

apt the obligations of Chapter 608, F.S.

Date

July 3, 2007

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	Richard B. Maestrelli	6105-G Memorial Highway	Tampa, FL 33615
MBR	Teresa L. Maestrelli	6105-G Memorial Highway	Tampa, FL 33615

FF \$100.00
RF N/A

REINSTATEMENT 2006-07

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 **6/18/2007**

Daytime Phone # **813-882-9000**

Typed or printed name of signing Managing Member/Manager

Richard B. Maestrelli, Manager