
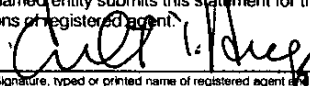
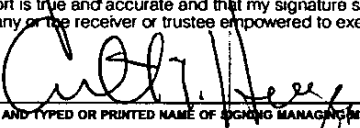


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 FEB 19 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000072463			
1. Entity Name SEVENTH AVENUE GOTH, LLC			
Principal Place of Business 505 MAIN STREET WINDERMERE, FL 34786		Mailing Address 505 MAIN STREET WINDERMERE, FL 34786	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4000 Avalon Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Winter Garden FL	
Zip	Country	Zip	Country
34787	USA	34787	USA
4. FEI Number 20-3286232		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, SOUTH, MILHAUSEN & CARR, P.A. C/O JEFFREY P. MILHAUSEN, ESQ. 2699 LEE ROAD, SUITE 120 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Emmett T HAAG Street Address (P.O. Box Number is Not Acceptable) 4000 Avalon Road City Winter Garden FL Zip Code 34787	
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 registered agent.			
SIGNATURE 		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$377.50		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONKLIN, DENNIS M 505 MAIN STREET WINDERMERE, FL 34786 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAAG, EMITT T 505 MAIN ST WINDERMERE, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAAG, EMMETT T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200117624550 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/08/08--01034--008 **\$377.50
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	L. SELLERS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	07-08 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXAMINER <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Emmett T HAAG 2/5/08 4078777990	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	