

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 13 AM 9:35

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000073686

1. Limited Liability Company's Name

SECOND STREET STATION, LLC

2. Principal Office Address

8247 QUAIL MEADOW WAY

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33412

Country

US

3. Mailing Office Address

8247 QUAIL MEADOW WAY

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33412

Country

US

CR2E041 (8/05)

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

7/27/05

6. FEI Number

20-3265472

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

GOLDSTEIN, TANEN & TRENCH, PA

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

TWO SOUTH BISCAYNE BOULEVARD

Suite, Apt. #, Etc.

SUITE 3700

City

MIAMI

State

FL

Zip Code

33131

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

Date

10/6/06

REGISTERED AGENT MUST SIGN

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
MGR	ROBERT H. SHAER	8247 QUAIL MEADOW WAY	WEST PALM BEACH, FL 33412

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

10/6/06

Daytime Phone # (607) 771-3453

Typed or printed name of signing Managing Member/Manager

ROBERT H. SHAER

October 10, 2006

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Second Street Station, LLC

Dear Sir or Madam:

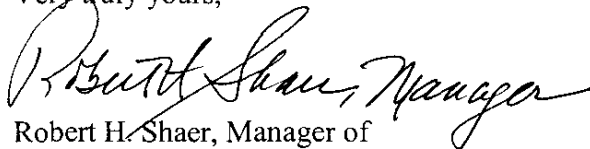
Enclosed please find the completed Limited Liability Company Reinstatement Form for Second Street Station, LLC.

I have also enclosed a check in the amount of \$55.00 to cover the Annual Report fee and application fee for a Certificate of Status.

For your information, I never received any notice or report from the Florida Department of State relative to the filing requirements for the LLC's annual report. Accordingly, it is my understanding that the Department shall waive its reinstatement fee in the amount of \$100.00.

Thank you.

Very truly yours,

A handwritten signature in black ink, appearing to read "Robert H. Shaer, Manager". The signature is fluid and cursive, written over the printed name and title.

Robert H. Shaer, Manager of
Second Street Station, LLC

RHS:eg
Encl.