

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000007478

1. Limited Liability Company's Name

FIFTH AVENUE REALTY, LLC

08 DEC -9 PM 2:13
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900139233489
12/23/08--01015--017 **238.75
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 4420 CONNECTICUT AVENUE NW		3. Mailing Office Address 4420 CONNECTICUT AVENUE NW	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State WASHINGTON, DC		City & State WASHINGTON, DC	
Zip 20008	Country USA	Zip 20008	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 2006	
6. FEI Number 20-4186641	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name STEPHEN E. SPIRA			
Street Address (P.O. Box Number is Not Acceptable) 5205 BABCOCK STREET, NE			
Suite, Apt. #, Etc.			
City PALM BAY	State FL	Zip Code 32905	

☐ 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] Date 12/3/08
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
MGRM	CARROLL, WAYNE E.	4420 CONNECTICUT AVENUE NW	WASHINGTON, DC 20008

REINSTATEMENT
2008

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 [Signature] Date 11/24/08 Daytime Phone # 202-686-5400

Typed or printed name of signing Managing Member/Manager

Spira, Beadle & McGarrell, P.A.

Attorneys & Counselors at Law

5205 Babcock Street, N.E.

Palm Bay, Florida 32905

**Jack B. Spira
James P. Beadle
Thomas P. McGarrell
Stephen E. Spira**

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***Of Counsel*
Michelle Stein Spira**

December 4, 2008

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

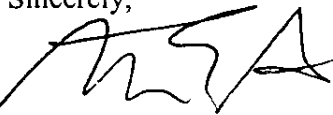
RE: Fifth Avenue Realty, LLC

Enclosed please find the Limited Liability Company Reinstatement for the above-referenced Limited Liability Corporation and check in the amount of \$238.75 payable to the Department of State representing the filing fee.

If you have any questions or require further information, please advise.

Thank you for your assistance in this matter.

Sincerely,



STEPHEN E. SPIRA

SES/djf
Enclosures