

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LLC
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 30 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

MARKET STREET ASSOCIATES, LLC
LO 6000009274

2. Principal Office Address - No P.O. Box #

3 OCEANS WEST BLVD

Suite, Apt. #, etc.

UNIT 4 D 5

City & State

DAYTONA BEACH SHORES, FL

Zip

32118

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

"

City & State

"

Zip

"

Country

"

800162955058

11/19/09--01020-016 ***416.25
012208 (42/07)

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 25, 2006

5. FEI Number

74-3168293

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM H. BAHN, JR.

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

3 OCEANS WEST BLVD

Suite, Apt. #, Etc.

UNIT 4 D 2

City

DAYTONA BEACH SHORES

State

FL

Zip Code

32118

☒ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

W. H. Bahn Jr.

REGISTERED AGENT MUST SIGN

Date 11-7-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGR MEMBER	DONALD BERKHEIMER	3 OCEANS WEST BLVD - 405	DAYTONA BEACH SH, FL 32118
MGR MEMBER	WILLIAM BAHN, JR	3 OCEANS WEST BLVD - 402	DAYTONA BEACH SHORES, FL 32118

REINSTATEMENT

07-09

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Donald Berkheimer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-09

Date

240-832-0773

Daytime Phone #