

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN -9 AM 11:52

DOCUMENT # L 06 000018841

1. Limited Liability Company's Name

223 W. Fourth Street, LLC

600156951036
06/09/09--01038--023 **138.75
100156131271
05/18/09--01028--005 **277.50
CR2E041 (10/08)

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

2233 Park Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

3271 Turtle Lake Ct

Suite, Apt. #, etc.

City & State

Orange Park, FL

Zip
32073

Country
US

City & State

Marietta, Ga

Zip
30067

Country
US

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business In Florida

2/9/06

6. FEI Number

26-1142205

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

William Wussbaum

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

334 E. Duval St.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

☒ 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

REGISTERED AGENT MUST SIGN

Date

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
mg	Peter Bauer	3271 Turtle Lake Ct.	Marietta Ga 30067
mg	James Brubaker	710 E. Riverside Dr	Orange Park, FL 32073

REINSTATEMENT 2007-09

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

Peter Bauer

Date

5/13/9

Daytime Phone #

404-388-7999

Typed or printed name of signing Managing Member/Manager

Peter Bauer