

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

10 JAN -5 AM 8:37

DOCUMENT # L07000030582

1. Limited Liability Company's Name

1ST STREET, L.L.C.

600164146866
01/04/10--01044--002 **277.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>1296 1st Street</u>		3. Mailing Office Address <u>74 West Park Place</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>SARASOTA, FL</u>		City & State <u>STAMFORD, CT</u>	
Zip <u>34236</u>	Country <u>USA</u>	Zip <u>06901</u>	Country <u>USA</u>

4. State/Country of Formation <u>FL</u>	
5. Date Organized or Qualified To Do Business in Florida <u>3/2/07</u>	
6. FEI Number <u>06-0961259</u>	Applied For <input type="checkbox"/> Not Applicable
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 <u>JOHNSON, ROBERT M. ESQ.</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>One North Tuttle Ave.</u>			
Suite, Apt. #, Etc.			
City <u>SARASOTA</u>	State <u>FL</u>	Zip Code <u>34237</u>	

☒ 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 1/30/09

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	GOICHMAN, LAWRENCE	74 West Park Place	Stamford, CT, 06901
MGRM	GOICHMAN, JENNIFER	74 West Park Place	Stamford, CT, 06901
REINSTATEMENT <u>2008, 2009</u>			

11. E-mail Address: RRVSU@SQGRE.COM

(To be used for future annual report notifications)

12. 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 12/18/09 Daytime Phone # 203-324-9495

Typed or printed name of signing Managing Member/Manager _____