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 # | 3. Mailing Office Address |
|---|---|
| 1296 1st Street | 74 West Park Place |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: SARASOTA, FL | City & State: STAMFORD, CT |
| Zip: 34236 Country: USA | Zip: 06901 Country: USA |

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 3/2/07

6. FEI Number: 06-0961259 ☐ 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: JOHNSON, ROBERT M. ESQ.

Street Address (P.O. Box Number is Not Acceptable): One North Tuttle Ave.

Suite, Apt. #, Etc.:

City: SARASOTA State: FL Zip Code: 34237

☑ 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 _____ Date 12/30/09

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 | GOICHMAN, LAWRENCE | 74 West Park Place | Stamford, CT, 06901 |
| MGRM | GOICHMAN, JENNIFER | 74 West Park Place | Stamford, CT, 06901 |
| | | | |
| | REINSTATEMENT 2008, 2009 | | |
| | | | |

11. E-mail Address: RRUSU@SOBRE.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 _____

T Hampton JAN - 6 2010