

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 JUN -9 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L08000079492

1. Limited Liability Company's Name

SIXTH STREET PROPERTIES LLC

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

1825 8TH ST S

Suite, Apt. #, etc.

3. Mailing Office Address

1825 8TH ST S

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34102

Country

USA

Zip

34102

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified

To Do Business in Florida

08/20/2008

6. FEI Number

26-3202376

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

ROBERT RIESS

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

1825 8TH STREET SOUTH

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34102

700260067297  
06/09/14--01020--026 \*\*40.00

700260067297  
05/12/14--01003--003 \*\*337.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

Date

5-1-14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	JONATHAN GOPMAN, ESQ	9128 STRADA PL, STE 10205	NAPLES, FLORIDA 34108

11. E-mail Address: jonathan.gopman@akerman.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of  
Authorized Representative/Manager

Date 4/29/2014

Daytime Phone # 239.449.5600

Typed or printed name of signing Authorized Representative/Manager JONATHAN GOPMAN

K. ASHTON