

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2024 JUN 19 PM 4:16

DEPARTMENT OF STATE TALLAHASSEE, FL

100431866331 06/20/24--01:001--001 **538.75

DOCUMENT # L16000066376

1. Limited Liability Company's Name

2313 EAST FLETCHER AVENUE OWNER I LLC

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

30 East 85th Street

Suite, Apt. #, etc.

Apartment 15 D

City & State

New York, NY

Zip

10028

Country

USA

3. Mailing Office Address

30 East 85th Street

Suite, Apt. #, etc.

Apartment 15 D

City & State

New York, NY

Zip

10028

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

04/06/2016

6. FEI Number

07-1482306

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

RIVERSIDE FILINGS LLC

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

155 OFFICE PLAZA DR. 1ST FL.

Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

REINSTATEMENT

2024

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

[Signature]

Date 6/19/2024

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Row 1: MGR, Dvir, Magda, 30 East 85th Street Apartment 15 D, New York, NY 10028.

JUN 19 2024 M. WILLIAMS

11. E-mail Address: SOP@RSFILINGS.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date

6/19/2024

Daytime Phone #

718-252-4200

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 6/19

CERTIFIED COPY _____

XX PHOTOCOPY _____

GS _____

XX FILING REINSTATEMENT

1. 2313 EAST FLETCHER AVENUE OWNER I LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

RECEIVED
2024 JUN 19 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS: _____

