

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

Country

10028

USA

3. Mailing Office Address

30 East 85th Street

Suite, Apt. #, etc.

Apartment 15 D

City & State

New York, NY

Zip

Country

10028

USA

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

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 6/19/2024

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
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

Date

6/19/2024

Daytime Phone #

718-252-4200

FILED

2024 JUN 19 PM 4:16

DEPARTMENT OF STATE
TALLAHASSEE, FL

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06/20/24--01001--001 **538.75

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

REINSTATEMENT

2024

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 #)

SPECIAL INSTRUCTIONS:

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