PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

200359699202
02/08/21--01004--002 **555.00

200359699202
10/13/20-EP2E041(1/14)--010 **100.00

DOCUMENT # L17000255046

1. Limited Liability Company s Name
11509 West 36th Avenue LLC

2. Principal Office Address - No P O Box #	3. Mailing Office Address
3603 115th St. Ct. W.	P. O. Box 243
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Bradenton, FL	City & State: Cedarhurst NY
Zip: 34210 Country: USA	Zip: 11516 Country: USA

4 State/Country of Formation: Florida / USA

5 Date Organized or Qualified To Do Business in Florida: 12/13/2017

6 FEI Number: 82-3730344 ☐ Applied For ☐ Not Applicable

7 CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

FEB 08 2021
I ALBRITTON

8 Name and Address of Current Registered Agent

Name: Bartly M. Carr II

Street Address (P O Box Number is Not Acceptable) Suite,: 3603 115th St. Ct. W.

Apt #, Etc

City: Bradenton State: FL Zip Code: 34210

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: Bartly M. Carr — Date: 1/19/2021
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
AR Member	Bartly M. Carr II	3603 115th St. Ct. W.	Bradenton, FL 34210
AR Member	Charles J. Shields III	124 Grove Ave, suite 243	Cedarhurst, NY 11516

REINSTATEMENT
2018-2021

11. E-mail Address: cjscpa@optonline.net
(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: C J Shields III Date: 1/19/2021 Daytime Phone #: (516) 458-2575

Typed or printed name of signing authorized representative/member: Charles J. Shields III