


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
|---|---|---|-------------------------------------|
| DOCUMENT # L22000284725 | | | |
| 1. Limited Liability Company's Name 1911 TAYLOR REALTY LLC | | | |
| 2. Principal Office Address - No P.O. Box # 4403 15TH AVENUE SUITE 192 | | 3. Mailing Office Address 4403 15TH AVENUE SUITE 192 | |
| Suite Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State BROOKLYN, NY | | City & State BROOKLYN, NY | |
| Zip 11218 11219 | Country USA | Zip 11218 11219 | Country USA |
| 8. Name and Address of Current Registered Agent | | | |
| Name FILE RIGHT RA SERVICES, LLC | | | |
| Street Address (P.O. Box Number is Not Acceptable) Suite 625 E TWIGGS ST STE 110 | | | |
| Apt. # Etc. | | | |
| City TAMPA | | State FL | Zip Code 33602 |
| 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 <u>Mark Fuchs</u> | | Date <u>11/6/2024</u> | |
| 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 |
| MBR | MENDEL STEINER | 4403 15TH AVENUE SUITE 192 | BROOKLYN, NY 11218 11219 |
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| | | | NOV 14 2024 M. WILLIAMS |
| 11. E-mail Address _____ (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 <u>Mark Fuchs</u> | | Date <u>11/6/2024</u> | Daytime Phone # <u>718-878-5811</u> |
| Typed or printed name of signing authorized representative/member <u>MARK FUCHS</u> | | | |

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 06/23/2022

6. FEI Number ☐ Applied For ☒ Not Applicable

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

REINSTATEMENT

2023-2024