

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2024 NOV 13 AM 9:02

STATE OF FLORIDA  
TALLAHASSEE, FL

DOCUMENT # L22000284750

1. Limited Liability Company's Name

403 N 19TH REALTY LLC

1004385723 5.1  
11/13/24-01017-015 49377.00

2. Principal Office Address - No P.O. Box #  
4403 15TH AVENUE SUITE 192

Suite Apt # etc

City & State  
BROOKLYN, NY

Zip Country  
11218 11219 USA

3. Mailing Office Address  
4403 15TH AVENUE SUITE 192

Suite Apt # etc

City & State  
BROOKLYN, NY

Zip Country  
11218 11219 USA

CR2E041 (1/14)

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

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 State Zip Code  
TAMPA FL 33602

REINSTATEMENT

2023 - 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

Mark Fuchs

Date 11/6/2024

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

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 § 817.155, F.S.

Signature of authorized representative/member

Mark Fuchs

Date

11/6/2024

Daytime Phone #

718-878-5811

Typed or printed name of signing authorized representative/member MARK FUCHS