

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02 MAY 23 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000666

1. Limited Liability Company's Name

5TH STREET ASSOCIATES, LLC

REINSTATEMENT

2000-2002

2. Principal Office Address

5960 ALTON ROAD

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FLA.

Zip

33140

Country

USA

3. Mailing Office Address

5960 ALTON ROAD

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FLA.

Zip

33140

Country

USA

4. State/Country of Formation

FLA USA

5. Date Organized or Qualified  
To Do Business in Florida

FEB. 5, 1999

6. FEI Number

65-0984581

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

ROBERT ROTH, CPA

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

8370 WEST FLAGLER STREET

Suite, Apt. #, Etc.

125

City

MIAMI

State

FL

Zip Code

33144

100005695341--6

-06/06/02--01088--010

\*\*\*\*250.00 \*\*\*\*250.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Date MAY 13, 2002

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager/ Partner	STANLEY I. RATNER	5960 ALTON ROAD	MIAMI BEACH, FLA. 33140

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of  
Managing Member/Manager

Date MAY 13, 02

Daytime Phone# (305) 866-2356

Typed or printed name of signing Managing Member/Manager