

L99000001355

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT**53RD COMPANIES, LLC**

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LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		H02000145554 0 02 JUN -5 PM 2:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA FILED	
DOCUMENT # L99000001355		1. Limited Liability Company's Name 53RD COMPANIES, LLC.			
2. Principal Office Address 106 Glenbrook Court Suite, Apt. #, etc. City & State Atlantis, FL Zip 33462 County		3. Mailing Office Address 106 Glenbrook Court Suite, Apt. #, etc. City & State Atlantis, FL Zip 33462 County		4. State/Country of Formation USA	
		5. Date Organized or Qualified To Do Business in Florida 03/10/1999		6. FEI Number 52-2169010	
				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 Gary N. Gerson					
Street Address (P.O. Box Number is Not Acceptable) 1645 Palm Beach Lakes Blvd.					
Suite, Apt. #, Etc. Suite 1200					
City West Palm Beach					
State FL					
Zip Code 33401					
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 Gary N. Gerson		Date 06/03/02		REGISTERED AGENT MUST SIGN	
10. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip		
Managing Member	Kohn, Marvin A.	106 Glenbrook Court	Atlantis, FL 33462		
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 satisfied 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 Marvin A. Kohn		Date June 3, 2002		Daytime Phone # (561) 969-7970	
Typed or printed name of signing Member/Manager Marvin A. Kohn, Managing Member					

REINSTATEMENT

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