

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

00 DEC 26 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L99-1596

1. Limited Liability Company's Name

The Dock Street Group, LLC

REINSTATEMENT 2000

2. Principal Office Address

60 Kon Tiki Circle

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32080

Country

USA

3. Mailing Office Address

60 Kon Tiki Circle

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32080

Country

USA

4. State/Country of Formation

Florida / United States

**5. Date Organized or Qualified
To Do Business in Florida**

3/20/99

6. FEI Number

593578804

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 M. Fortson IV

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

60 Kon Tiki Circle

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32080

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

Robert M. Fortson IV

REGISTERED AGENT MUST SIGN

Date **12/22/00**

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
Mr.	Nathan Straus	1026 Chamberg Lane	mt. Pleasant, SC 29464
Mr.	Justin Hever	1490 Malibu Cir, NE 108	Palm Bay, FL 3295

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

Robert M. Fortson IV

Date **12/22/00**

Daytime Phone#

904-392-3922

904-471-3315

Typed or printed name of signing Managing Member/Manager

Robert M. Fortson IV

CR2E041 (9/00)