

L99000003508

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 24 PM 3:16

DOCUMENT # L 99000003508

1. Limited Liability Company's Name

FOURTH STREET REALTY LLC

2. Principal Office Address

12420 Plantation Ln

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

Zip

33408

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Country

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

JUNE 1999

6. FCI Number

65-0929791

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

CORPORATION SERVICE COMPANY

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

1201 Hays Street

Suite, Apt. #, Etc.

000004193820

-05/11/01--01003--023

****200.00 ****200.00

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Tracy E. Harmon, A.S.

REGISTERED AGENT MUST SIGN

Date 4/12/01

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
Mgr	Stylianos Manousos	12420 Plantation Ln North Palm Beach, FL	North Palm Beach Florida 33408

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 4/23/01

Daytime Phone # 561-775-7430

Typed or printed name of signing Managing Member/Manager

STYLIANOS MANOUSOS