

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 11 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L99000006855

1. Limited Liability Company's Name

62ND STREET, L.L.C.

2. Principal Office Address - No P.O. Box #  
4500 140th Avenue North

3. Mailing Office Address  
4500 140th Avenue North

Suite, Apt. #, etc.  
Suite 109

Suite, Apt. #, etc.  
Suite 109

City & State  
Clearwater, FL

City & State  
Clearwater, FL

Zip  
33762

Country  
USA

Zip  
33762

Country  
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida 10/19/1999

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  
Alan S. Gassman, Esquire

Street Address (P.O. Box Number is Not Acceptable)  
1245 Court Street

Suite, Apt. #, Etc.  
Suite 102

City  
Clearwater

State  
FL

Zip Code  
33756

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

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
MGRM	WILLJERR LIMITED PARTNERSHIP	4500 140th Avenue North, Suite 109	Clearwater, Florida 33762

05/26/06 90127 045 \$50.  
200097215212  
04/17/07--01036--018 \*\*155.00

REINSTATEMENT

06-07

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 04-03-2007 Daytime Phone # 727-709-3224

Typed or printed name of signing Managing Member/Manager

William A. Gehrand, Trustee, General Partner of Managing Member