

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10-1-04  
300.00

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M00000002518**

1. Limited Liability Company's Name

**Broad Street Advisors, LLC**

2. Principal Office Address - No P.O. Box #

**37 North Orange Ave**

Suite, Apt. #, etc.

**Suite 500**

City & State

**Orlando, FL**

Zip

**32801**

Country

**USA**

3. Mailing Office Address

**37 North Orange Ave**

Suite, Apt. #, etc.

**Suite 500**

City & State

**Orlando, FL**

Zip

**32801**

Country

**USA**

4. State/Country of Formation

**Delaware**

5. Date Organized or Qualified  
To Do Business in Florida

**12/11/2000**

6. FEI Number

**593672632**

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

**United Corporate Services, Inc.**

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

**9200 S. Dadeland Blvd**

Suite, Apt. #, Etc.

**Suite 508**

City

**Miami**

State

**FL**

Zip Code

**33156**

☐ 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

*Michael A. Barr*

REGISTERED AGENT MUST SIGN **Michael A. Barr, President**

Date

**1/29/07**

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	Frederick Ellsworth	100 Park Avenue, 29 <sup>th</sup> Floor	New York, NY 10017
MGR	Keith Broemmer	100 Park Avenue, 29 <sup>th</sup> Floor	New York, NY 10017
MGR	James Hunter Goodwin	100 Park Avenue, 29 <sup>th</sup> Floor	New York, NY 10017
MGR	Robert Rizzi	100 Park Avenue, 29 <sup>th</sup> Floor	New York, NY 10017

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

*Frederick Ellsworth*

Date

**1/31/2007**

Daytime Phone #

**212.315-2400**

Typed or printed name of signing Managing Member/Manager

**Frederick Ellsworth**

FILED

07 FEB 23 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

REINSTATEMENT 04-07  
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02/27/07 01055-019 \*\*305.00