Daytime Phone #

• 🖘	PLEA	SE READ A	ALL INSTE	RUCTION	SBEFC	JKE C		NG II	112: FURN	Ar.		
CORPORATION			FLORIDA DEPARTMENT OF STATE			04 JAN 30 PM 2: 24						
	STATEMENT		Secretary of S DIVISION OF CORPOR				CECACTARY OF TALLAHASSES F			ISTATE FLORIDA		
1. Corporat		M020000006	43				:					
0 0:-:-			3. Mailing Off	ica Addraec	10. 20							
•	I Office Address	1	_		ME							
	733-B 16th Ave NE Suite, Apt. #, etc.			733-B 16th Ave NE Suite, Apt. #, etc.								
Suite, Apr. #, Gio.			Callet, Paris of the Callet of				4. Date Incorp					
City & State			City & State			,	To Do Busin		ırıda		IF	
Ft. Lauderdale FL			Ft. Lauderdale FL				5. FEI Numbe 52–2097				Applied For Not Applicab	
zip 33304	Count	Ty .	Zip 33304	Co	USA		6.		IS DESIRED 🔲		onal Fee required	
			7. Na	ame and Addre	ss of Curren	nt Register	ed Agent					
	Name	71	~10~11 ~ 1	2790	163	7						
	William Adkins Street Address (P.O. Box Number is Not Acceptable) 733-B NE 16th Avenue						01/30	704		((6 *** †	(50 .00	
	Suite, Apt. #, Etc.	33 D N. 10					- (, , , , , , , , , , , , , , , , , , ,				1	
	City	t. Lauder	dale (State FL	Zip Code 33304			
8. I, being	appointed the register	red agent of the abo	ve named corpor	ation, am famili	ar with and ac	ccept the ob	oligations of section	on 607.05)5 or 617.0503, i	F.S.		
Signature o Registered		ellian	GISTERED AGE	NT MUST SIG	len .	<u></u>	4	Date	1/13	104		
9. Names	and Street Addresse	-				ust list at lea	ast 3 directors)				·	
Titles		Name of ers and/or Directors			Street Addre Officer and	ess of Each	<u> </u>		City /	State / Zip		
Mgr	William Adkins			733-B NI	E 16th	Avenu	e	Ft.	Lauderda	ale, FI	33304	
Mgr	Christophe	er Place		733-B N	E 16th	Avenu	e	Ft.	Lauderda	ale, FI	33304	
					50° F2	e e e e e e e e e e e e e e e e e e e						
							TATE	Mir	<u>0</u>	3-07	<u> </u>	
\vec{x}	00 00	<i>P</i> .								\mathcal{Q}^{i}	cs.	
10. I certify this rei owed to	y that I am an officer of instatement application by the corporation have application is true an	n, the reason for disa re been paid and the	solution has been names of individu	eliminated, the uals listed on thi	corporate nar is form do not	me satisfies t qualify for a	the requirements an exemption und	s of section	1 607.0401 or 61	7.0401, F.S.,	, that all fees	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

MADISON C.P.A., P.A.

Post Office Box 11012 Fort Lauderdale, FL 33339

Fig. 4 Gertified Public Accountant

2701 East Oakland Park Boulevard, Suite C Fort Lauderdale, FL 33306 Phone (954) 561-8959 Fax (954) 561-8190

January 12, 2004

Division of Corporations P O Box 1500 Tallahassee, FL 32302-1500

Re:

OC 40th Street LLC

52-2097831

This letter is in reference to the above named taxpayer and the administrative dissolution of the corporation for nonfiling of annual uniform business report. The taxpayer never received the report or any requests for the report. We are enclosing a check in the amount of \$150.00 along with an annual report for 2002. We respectfully request that you reinstate the corporation and accept the filing of the annual report for 2003 without penalty.

If you have any questions, please call.

Thank you,

Thomas M. Madison, Jr.

CPA, PA

Enc: POA