

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -6 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M96000000226

1. Limited Liability Company's Name

Park Avenue LLC
DBA Edelbrock Avenue LC

2. Principal Office Address

269 Barefoot Beach Blvd.

Suite, Apt. #, etc.

404

City & State

Bonita Springs, FL

Zip

34134

Country

USA

3. Mailing Office Address

269 Barefoot Beach Blvd.

Suite, Apt. #, etc.

404

City & State

Bonita Springs, FL

Zip

34134

Country

USA

4. State/Country of Formation

IN/USA

5. Date Organized or Qualified
To Do Business in Florida

06/26/96

6. FEI Number

35-1932377

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

Kenneth R Edelbrock

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

269 Barefoot Beach Blvd.

Suite, Apt. #, Etc.

404

City

Bonita Springs

State

FL

Zip Code

34134

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

Kenneth R Edelbrock

REGISTERED AGENT MUST SIGN

Date

5-3-04

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	Rebecca J Edelbrock	269 Barefoot Beach Blvd. #404	Bonita Springs, FL 34134
MGR	Kenneth R Edelbrock	269 Barefoot Beach Blvd., #404	Bonita Springs, FL 34134

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

Kenneth R Edelbrock

Date

5-3-04

Daytime Phone #

260-431-4124

Typed or printed name of signing Managing Member/Manager

Kenneth R Edelbrock

CR2E041 (10/02)