PLEASE READ ALL INSTRUCTIONS BEFORE

FILED
15 MAR 18 PM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # M98000001501

1. Limited Liability Company's Name
FIFTH & 21ST LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o Rao&Rao LLC, 550 Mamaroneck Ave	550 Mamaroneck Ave
Suite, Apt. #, etc.: Suite 404	Suite, Apt. #, etc.: Suite 404
City & State: Harrison, NY	City & State: Harrison, NY
Zip: 10528 Country: USA	Zip: 10528 Country: USA

4. State/Country of Formation: NY

5. Date Organized or Qualified To Do Business in Florida: (12/15/1998)

6. FEI Number: 132606074 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

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.:
City: TALLAHASSEE State: FL Zip Code: 32301

400270778474

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Courtney Williams Asst. Vice President
REGISTERED AGENT MUST SIGN
Date: 03.17.15

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	KAYFAM COMPANY LLP	C/O RAO&RAOLLC, 550 MAMARONECK AVE STE#404	HARRISON, NY 10528
MGRM	THE HUDSON 51 REVOCABLE TRUST	C/O RAO&RAOLLC, 550 MAMARONECK AVE STE#404	HARRISON, NY 10528
MGRM	BELMONT REVOCABLE TRUST	C/O RAO&RAOLLC, 550 MAMARONECK AVE STE#404	HARRISON, NY 10528

REINSTATEMENT
2014 - 2015

11. E-mail Address:
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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; I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Mildred Kayden Date: 3/17/15 Daytime Phone #: 561 883 6100

Typed or printed name of signing Authorized Representative/Manager: MILDRED KAYDEN, KAYFAM COMPANY LLP

MAR 18 2015
M. WILLIAMS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 552079 7268576

AUTHORIZATION : Lynette Coleman

COST LIMIT : $ 877.50

ORDER DATE : March 17, 2015

ORDER TIME : 9:24 AM

ORDER NO. : 552079-005

CUSTOMER NO: 7268576

RECEIVED
15 MAR 18 AM 11:25
DIVISION OF CORPORATIONS

REINSTATEMENT

NAME: FIFTH & 21ST LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____