

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
--	---	--

DOCUMENT # M98000001501

1. Limited Liability Company's Name

FIFTH & 21ST LLC

CR2E041 (1/14)

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

4. State/Country of Formation

NY

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

6. FBI Number
132808074

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.

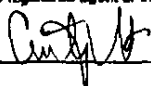
City
TALLAHASSEE

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

Date 03.17.15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

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



Date 3/12/15

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
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 552079 7268576

AUTHORIZATION :

COST LIMIT : \$ 377.50

ORDER DATE : March 17, 2015

ORDER TIME : 9:24 AM

ORDER NO. : 552079-005

CUSTOMER NO: 7268576

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 _____

RECEIVED
15 MAR 18 AM 11:25
DIVISION OF CORPORATIONS