

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 DEC -4 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000090946

1. Limited Liability Company's Name

6TH AVENUE PARTNERS, LLC

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

158 6TH AVENUE SOUTH

3. Mailing Office Address

158 6TH AVENUE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip  
34102

Country  
U.S.A.

Zip  
34102

Country  
U.S.A.

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

CR2E041 (1/07)

8. Name and Address of Current Registered Agent

Name  
BILLINGSLEY, TERRY J

Street Address (P.O. Box Number is Not Acceptable)  
158 6TH AVENUE SOUTH

Suite, Apt. #, Etc.

City  
NAPLES

State  
FL

Zip Code  
34102

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/2/07

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
P	BILLINGSLEY, TERRY J	158 6TH AVENUE SOUTH	NAPLES FL 34102
			100112948981 12/07/07--01043--005 **150.00
			REINSTATEMENT 2005-2007

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

*[Signature]*

Date 12/2/07

Daytime Phone #

434-8336  
239-403-7727

Typed or printed name of signing Managing Member/Manager

Terry J Billingsley