

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -2 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
2824 19th LLC 08
L050000 95044 277.50

2. Principal Office Address - No P.O. Box #
2310 W. Bristol Ave
Suite, Apt. #, etc.
City & State
Tampa, FL
Zip
33609
Country
Hills.

3. Mailing Office Address
701 S. Howard Ave
Suite, Apt. #, etc.
#106 PMB 320
City & State
Tampa
Zip
33606
Country
Hills

1009-49257
CR2E041 (10/08)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
'04

6. FEI Number
50-2320889
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
Sean LaNeve

Street Address (P.O. Box Number is Not Acceptable)
2310 W. Bristol Ave

Suite, Apt. #, Etc.

City
Tampa
State
FL
Zip Code
33609

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
Sean LaNeve
REGISTERED AGENT MUST SIGN

Date
10-29-09

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
mgr	Sheila LaNeve	SAME AS AGENT	

500163194235
11/30/08 01073 000 **1662.00

REINSTATEMENT Without Penalty
2008-2009
MK 1212

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
Sheila LaNeve
Date
10-29-09
Daytime Phone #
813-679-8533

Typed or printed name of signing Managing Member/Manager
Sheila LaNeve