L00000010377

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 MAY 19 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000010377

1. Limited Liability Company's Name

17 WEST PINE STREET LLC

05

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
220 N. ORANGE BLOSSOM TRAIL	220 N. Orange Blossom Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32805 Country: USA	Zip: 32805 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 3/29/2000

6. FEI Number: 59-3668855 ☐ 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: STEVEN MICHAEL LABRET

Street Address (P.O. Box Number is Not Acceptable): 226 HILLCREST STREET

Suite, Apt. #, Etc.:

City: ORLANDO State: FL Zip Code: 32801

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: _____ Date: 5/18/06

REGISTERED AGENT MUST SIGN

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
MGMR	CHRISTOPHER J. WEISING	220 N. ORANGE BLOSSOM TRAIL	ORLANDO, FLORIDA 32805

900075107399
05/22/06--01059--009 **200.00

REINSTATEMENT 2005-2006

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: _____ Date: 5/17/06 Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: Christopher J. Weising