

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000010377

1. Limited Liability Company's Name

17 W. Pine St. LLC.

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

17 W Pine St.

Suite, Apt. #, etc.

3. Mailing Office Address

220 N. Orange Blossom Trl.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32801

Country

USA

City & State

Orlando, FL

Zip

32805

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

8/29/2000

6. FCI 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

Christopher T. Weising

Street Address (P.O. Box Number is Not Acceptable)

220 N. Orange Blossom Trl.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32805

Prior notices went to 17 W. Pine
Leased
☒ 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.

evidently discarded.

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

Christopher T. Weising

REGISTERED AGENT MUST SIGN

Date 4/30/10

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
MGRM	Christopher T. Weising	220 N. Orange BL Trl	Orlando, FL 32805

REINSTATEMENT 07-10 AL

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Christopher T. Weising

Date

4/30/10

Daytime Phone #

407-468-0978

Typed or printed name of signing Managing Member/Manager