

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 MAY 31 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000004008

1. Limited Liability Company's Name

Shelter LLC

CR2E041 (1/11)

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

140 Pine Avenue North

Suite, Apt. #, etc.

Tampa Bay

City & State

Oldsmar, FL

Zip

34677

Country

USA

3. Mailing Office Address

140 Pine Avenue North

Suite, Apt. #, etc.

Tampa Bay

City & State

Oldsmar, FL

Zip

34677

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

02/20/2002

6. FEI Number

412082237

☐ 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

Dilip Patel, Esq., Dilip Patel Law Firm

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

140 Pine Avenue North

Suite, Apt. #, Etc.

Tampa Bay

City

Oldsmar

State

FL

Zip Code

34677

E-mail Address:

700207440857

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dpatel@dplawfirm.com

(To be used for future annual report notices)

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]

Date May 5, 2011

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
MGR	Paal Dr., Ursel	140 Pine Avenue North. Tampa Bay	Oldsmar, FL, 34677

L. SELLERS

JUN - 2 2011

EXAMINER

REINSTATEMENT

2010
2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

[Signature] Paal

Date

4/23/2011

Daytime Phone #

Typed or printed name of signing Managing Member/Manager