

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY -6 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000009591**

1. Limited Liability Company's Name

211 VIRGINIA STREET LLC

600165749766
01/11/10--01052--007 **238.75
CR2E041 (11/09)

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

~~211 VIRGINIA ST.~~

3. Mailing Office Address

~~1419 PETRONIA ST.~~

Suite, Apt. #, etc.

1442 Kennedy Dr.

Suite, Apt. #, etc.

1442 Kennedy Dr.

City & State

KEY WEST, FL

City & State

Key West, FL

Zip

33040

Country

USA

Zip

33040

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2/4/04

6. FEI Number

200682244

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

CURTIS A. SKOMP, Manager

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

1419 PETRONIA ST.

Suite, Apt. #, Etc.

City

KEY WEST,

State

FL

Zip Code

33040

☐ 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

CURTIS A. SKOMP, Manager
REGISTERED AGENT MUST SIGN

Date **1/7/10**

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
MGR	CURTIS A. SKOMP	1442 Kennedy Dr.	Key West, FL 33040

600165749766
04/23/10-01009-003 **277.50

\$516.25

REINSTATEMENT 08-10

11. E-mail Address: **cskomp@aol.com**

(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

CURTIS A. SKOMP, Manager

Date

1/7/10

Daytime Phone #

305.292.7441

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2010

211 VIRGINIA STREET LLC
1442 KENNEDY DR.
KEY WEST, FL 33040

SUBJECT: 211 VIRGINIA STREET, LLC
Ref. Number: L04000009591

We have received your document for 211 VIRGINIA STREET, LLC and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 510A00010502