

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**FILED**

10 MAY -6 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000009591  
1. Limited Liability Company's Name  
211 VIRGINIA STREET LLC

2. Principal Office Address - No P.O. Box # <del>211 VIRGINIA ST.</del> Suite, Apt. #, etc. <u>1442 Kennedy Dr.</u> City & State <u>KEY WEST, FL</u> Zip <u>33040</u> Country <u>USA</u>		3. Mailing Office Address <del>1442 PETRONIA ST.</del> Suite, Apt. #, etc. <u>1442 Kennedy Dr.</u> City & State <u>Key West, FL</u> Zip <u>33040</u> Country <u>USA</u>	
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4. State/Country of Formation <u>FLORIDA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>2/4/04</u>	
6. FEI Number <u>200682244</u>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 [Signature] Manager Date 1/7/10  
REGISTERED AGENT MUST SIGN

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 [Signature] 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