

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

11 JAN -5 PM '89

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000066642

1. Limited Liability Company's Name
444 WEST TENNESSEE STREET, LLC

2. Principal Office Address - No P.O. Box # 3519 Kimmer Rowe		3. Mailing Office Address 3519 Kimmer Rowe	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32309	Country Leon	Zip 32309	Country Leon

4. State/Country of Formation Florida/ Leon	
5. Date Organized or Qualified To Do Business in Florida 09/10/2004	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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
Ronald E. Shaeffer

Street Address (P.O. Box Number is Not Acceptable)
3519 Kimmer Rowe

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32309

900189819869
01/05/11--01023--021 **377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent *x Ronald E. Shaeffer* Date **1/1/11**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Ronald E. Shaeffer	3519 Kimmer Rowe	Tallahassee, FL 32309

AOL.COM REINSTATEMENT 2010-2011

11. E-mail Address: **X RE-SHAEFFER@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 606, 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 606.406, 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 *x Ronald E. Shaeffer* Date **1/1/11** Daytime Phone # **(850) 445-6178**

Typed or printed name of signing Managing Member/Manager

ROBERT S. HIGHTOWER
ATTORNEY AT LAW
128 SALEM COURT
POST OFFICE BOX 4165
TALLAHASSEE, FLORIDA 32315-4165

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11 JAN -5 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 5, 2011

Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
11 JAN -5 PM 1:32
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Re: Reinstatement of 444 West Tennessee Street, LLC

Dear Sir or Madame:

Attached for filing please find the reinstatement form for 444 West Tennessee Street, LLC. Also attached you will find a check in the amount of \$377.50 for the related fees of \$100 for reinstatement fee and \$138.50 per each of the two years annual reports.

If there are any questions or other information needed please do not hesitate to contact our office at the phone number above.

Very truly yours,


Robert S. Hightower

RSH/jdh
Enclosure

cc: Mr. Ronald E. Shaeffer (w/encl)