

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

11 JAN -5 PM 1: 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

Suite, Apt. #, etc.

3. Mailing Office Address

3519 Kimmer Rowe

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

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

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

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

*Ronald E. Shaeffer*

REGISTERED AGENT MUST SIGN

Date

1/1/11

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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www.hightowerlaw.com

**FILED**

11 JAN -5 PM 4:39

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)