PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	ALE INSTRUMENTS BEFORE	I
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 09 DEC -2 AHII: 00
DOCUMENT # LO40000 84702 49917		SECRETARY OF STATE TALLAHASSEE, FLORIDA
3211 Chelsea LLC 99 08,75		O
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	CR2E041 (10/08)
230 W. Bristy Ave	701 S. Howard Auc	. 4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Flor: de
	# NO PMB 320	5. Date Organized or Qualified
City & State	City & State	To Do Business in Florida
Tampa FL	Tanno	6. FEI Number Applied For
Zlp Country	Zip Country	50-2320889 Not Applicable
38609 Hills.	33606 Hills	CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of	Current Registered Agent	
Name San Lane		日A \$100 reinstatement fee is imposed, except
Street Address (P.O. Box Number is Not Acceptable)		in circumstances which the entity did not
2310 W. Brishi Ave		receive the prior notices. By checking this box, you are certifying the prior notices were
Suite, Apt. #, Etc.		not received and requesting the \$100
City State Zip Code reinstatement be waived.		
State Zip Code FL 33609		
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		Date 10-29-05
Registered Agent RE	GISTERED AGENT MUST SIGN	Date U S- 1 C /
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manage	Street Address of Each Managing Member/ Manag	
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·		300163194253 1130/09-01073-009-0+1662-00
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REINSTATEMENT WINNOW YEAR 12/2		
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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 filling 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 out.		
Signature of Managing Member/Manager Date 10-37-49 Daytime Phone # 813-679-8553 Typed or printed name of signing Member/Manager Sheile Le Neue		
Typed or printed name of signing Managing Member/Manager Sheila La Neue		