

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 DEC -2 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LO4000084702

1. Limited Liability Company's Name  
3211 Chelsea LLC  
*08/08 277.50*

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #  
2310 W. Bristol Ave

3. Mailing Office Address  
701 S. Howard Ave

Suite, Apt. #, etc.  
#106 PMB 320

City & State  
Tampa FL

City & State  
Tampa

Zip Country  
33609 Hills.

Zip Country  
33606 Hills

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida  
'04

6. FEI Number  
50-2320889

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name  
Sean LaNeve

Street Address (P.O. Box Number is Not Acceptable)  
2310 W. Bristol Ave

Suite, Apt. #, Etc.

City State Zip Code  
Tampa FL 33609

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] Date 10-29-09  
REGISTERED AGENT MUST SIGN

**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
<u>mgr</u>	<u>Sheila LaNeve</u>	<u>SAME as agent</u>	<u>---</u>

300163194253  
11/30/09-01073-009 \*\*1652.00

**REINSTATEMENT** without Penalty 2008-2009  
nr 12/2  
nr

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 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] Date 10-29-09 Daytime Phone # 813-679-8553

Typed or printed name of signing Managing Member/Manager Sheila LaNeve