

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 12 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000084703**

1. Limited Liability Company's Name

4417 John Bell LLC

400180496234
05/06/10--01034--003 **\$16.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

2310 W. Bristol Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33609

Country

Hills.

3. Mailing Office Address

701 S. Howard Ave

Suite, Apt. #, etc.

#106, PMB 320

City & State

Tampa, FL

Zip

33606

Country

Hills.

4. State/Country of Formation

Florida / Hillsborough

5. Date Organized or Qualified To Do Business in Florida

11/04

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

Sean LaNeve

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

2310 W. Bristol Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

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

Sean LaNeve

REGISTERED AGENT MUST SIGN

Date **5-1-10**

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
<i>M/M</i>	Sheila LaNeve	SAME as agent	
	L. SELLERS		
	MAY 13 2010		
	EXAMINER	REINSTATEMENT	<i>08-2010</i>

11. E-mail Address **Sheila.laneve@gmail.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

Sheila LaNeve

Date **5-1-10**

Daytime Phone # **813-679-8553**

Typed or printed name of signing Managing Member/Manager

Sheila LaNeve