

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000029425**

1. Limited Liability Company's Name

217 North, LLC

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

217 North Howard Ave

Suite, Apt. #, etc.

Suite 200

City & State

Tampa

Zip

33606

Country

USA

3. Mailing Office Address

217 North Howard Ave

Suite, Apt. #, etc.

Suite 200

City & State

Tampa

Zip

33606

Country

USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida **2005**

6. FEI Number
20-2851459

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
Judy B. Wolf

Street Address (P.O. Box Number is Not Acceptable)
217 North Howard Ave

Suite, Apt. #, Etc.
Suite 200

City
Tampa

State
FL

Zip Code

☒ 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

Judy B. Wolf

REGISTERED AGENT MUST SIGN

Date **6-25-09**

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
Mgr	Judy B. Wolf	217 North Howard Ave	Tampa, FL 33606
Mgr	John A. Wolf	217 North Howard Ave	Tampa, FL 33606

REINSTATEMENT

06-09 DB

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

6/25/09

Daytime Phone #

813-253-3400

Typed or printed name of signing Managing Member/Manager