

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 #**

1. Limited Liability Company's Name  
2824 19th LLC 08  
L050000 95044 277.50

1009-49257  
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 2310 W. Bristol Ave Suite, Apt. #, etc.		3. Mailing Office Address 701 S. Howard Ave Suite, Apt. #, etc. #106 PMB 320	
City & State Tampa, FL		City & State Tampa	
Zip 33609	Country Hills.	Zip 33606	Country Hills

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida '04	
6. FEI Number 50-2320889	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 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
mgt	Sheila LaNeve	SAME AS AGENT	

500163194235  
11/30/08 01073 000 \*\*1662.00

**REINSTATEMENT Without Penalty**  
2008-2009  
MK 1212

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: Sheila LaNeve Date: 10-29-09 Daytime Phone #: 813-679-8553

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