

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 # L060000 36874

1. Limited Liability Company's Name

1002 22nd LLC 08 277.50

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

Zip

33606

Country

Hills

4. State/Country of Formation

Florida

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

'04

6. FEI Number

56-2320889

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 10-29-09

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	Sheila LaNeve	same as agent	
		Without	
		Penalty	
		2008-2009	
		12/2	

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