

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2010 MAR 16 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800171753678  
03/10/10--01028--007 \*\*277.50  
CR2E041 (11/09)

**DOCUMENT #** L07000022789

1. Limited Liability Company's Name

820 85 STREET LLC

2. Principal Office Address - No P.O. Box #  
306 VALLETTE WAY

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

Zip

33401

Country

USA

3. Mailing Office Address

306 VALLETTE WAY

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

Zip

33401

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

03/01/2007

6. FEI Number

20-8535845

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

VANESSA J. GROUT, P.A.

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

306 VALLETTE WAY

Suite, Apt. #, Etc.

City

WEST PALM BEACH FL

State  
FL

Zip Code  
33401

☒ 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

REGISTERED AGENT MUST SIGN

Date 02/10/2010

**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	VANESSA J. GROUT	306 VALLETTE WAY	W. PALM BEACH FL 33401

**REINSTATEMENT**

09-10

02-3-17-10

11. E-mail Address:

(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

Date

02/10/2010

Daytime Phone #

786-280-0440

Typed or printed name of signing Managing Member/Manager

VANESSA J. GROUT