

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 21 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LO7000040878

1. Limited Liability Company's Name

2408 W. KENNEDY, LLC

700181193407  
05/21/10--01026--027 \*\*421.25  
CR2E041 (11/09)

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

3. Mailing Office Address

303 S. MELVILLE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TPA, FL.

Zip

Country

Zip

Country

33606

4. State/Country of Formation

FL.

5. Date Organized or Qualified To Do Business in Florida

5/3/07

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

THOMAS ORTH

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

303 S. MELVILLE AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33606

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 5/20/10

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
<u>MEM</u>	<u>TIMOTHY MADDEN</u>	<u>303 S. MELVILLE AVE</u>	<u>TAMPA FL 33606</u>

REINSTATEMENT 08-10

*[Handwritten Initials]*

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

*[Handwritten Signature]*

Date 5/20/10

Daytime Phone #

813-714-8085

Typed or printed name of signing Managing Member/Manager