

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000074699

1. Limited Liability Company's Name

2500 Curryford LLC

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

1708 Morningside

Suite, Apt. #, etc.

3. Mailing Office Address

Box 536751

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32806

Country

US

Zip

32853

Country

US

4. State/Country of Formation

Florida / US

5. Date Organized or Qualified
To Do Business in Florida

7/19/07

6. FEI Number

16-2

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

James Sanko

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

1708 Morningside

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32806

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/1/09

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
<u>MANAGER</u>	<u>James Sanko</u>	<u>1708 Morningside</u>	<u>Orlando FL 32806</u>
REINSTATEMENT			
<u>08/09</u>			
<u>DBRUCE</u>			

11. E-mail Address: JIMSANKO@YAHOO.COM

(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

[Signature]

Date 12/1/09

Daytime Phone # 407-929-8000

Typed or printed name of signing Managing Member/Manager

CR2E041 (11/09)

FILED

10 JAN -5 PM 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2009

2500 CURRY FORD, LLC
PO BOX 536751
ORLANDO, FL 32853

SUBJECT: 2500 CURRY FORD, LLC
Ref. Number: L07000074699

We have received your document for 2500 CURRY FORD, LLC and your check(s) totaling \$138.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate without penalty is \$277.50.

There is a balance due of \$138.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 809A00038046