

L09000075904

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 AUG - 8 PM 4: 14

CR2E041 (05/10)

DOCUMENT # **L09000075904**

1. Limited Liability Company's Name

104 Elm STREET LLC

2010

PK

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

2806 N. Munro St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 173152

Suite, Apt. #, etc.

City & State

Tampa, FL.

City & State

Tampa, FL.

Zip

Country

33602

US

Zip

Country

33672

US

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

8/07/09

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

Eva R. Henry

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

2806 N. Munro St. PK

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

eva.henry59@yahoo.com

400210844764
08/08/11--01046--001 **377.50

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

Aug. 4, '11

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 |
|--------|--------------------------------------|---|--------------------|
| mgrm | Eva R. Henry | 2806 N. Munro St. | Tampa, FL. 33602 |
| mgrm | Dream Habitations, LLC | c/o Eva R. Henry, member 2806 N. Munro St. | Tampa, FL. 33602 |
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REINSTATEMENT 2010-2011

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

[Signature]

Date

Aug. 4, '11

Daytime Phone #

(813) 375-2176

Typed or printed name of signing Managing Member/Manager