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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:55

1. DOCUMENT # L02000025598

Name and Mailing Address

0004771 01 AT 0.292 \*\*AUTO TO 0 0615 33021-678900

RESIDENTIAL PROPERTIES OF WESTON LLC  
C/O ZEBERSKY & PAYNE  
4000 HOLLYWOOD BLVD STE. 400 NORTH  
HOLLYWOOD FL 33021-6789



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/30/2002	
Principal Place of Business C/O ZEBERSKY & PAYNE 4000 HOLLYWOOD BLVD STE. 400 NORTH HOLLYWOOD FL 33021	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent  PAYNE, TODD S C/O ZEBERSKY & PAYNE 4000 HOLLYWOOD BLVD STE. 400 NORTH HOLLYWOOD FL 33021		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	

10. 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

*Todd S. Payne*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/21/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	Todd S. Payne, Manager	4000 Hollywood Blvd. #400-N Hollywood, FL 33021	Hollywood, FL 33021

**REINSTATEMENT**

03  
dec

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

*Todd S. Payne*  
**SIGNATURE REQUIRED**  
is an authorized representative

Date 10/21/03

Daytime Phone # (954) 989-6333

Typed or printed name of signing Managing Member/Manager

Todd S. Payne, Manager

CR2E034 (7/03)



ZEBERSKY & PAYNE, LLP

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December 30, 2003

VIA FEDERAL EXPRESS

Division of Corporations  
Registration Section  
P. O. Box 6327  
Tallahassee, FL 32314-6327

Re: Residential Properties of Weston, LLC  
Document Number L02000025598

Dear Sir or Madam:

This letter is in response to your Letter Number 203A00059293. I am returning the Application for Reinstatement for the above-referenced entity and have indicated the name of a Manager, as requested. We have previously provided you with our firm check for the fee in the amount of \$150.00.

Thank you for your prompt attention to this filing. If you have any questions, please contact me.

Very truly yours,

Todd S. Payne  
For the Firm

TSP:cm  
Enclosure