

L00000004244

H03000073701


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 10 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L00000004244**

1. Limited Liability Company's Name
7-8 BLOSSOM ESTATES, LLC

col/4/02

2. Principal Office Address 513 N. County Road		3. Mailing Office Address 513 N. County Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Beach, FL		City & State Palm Beach, FL	
Zip 33480-3504	Country USA	Zip 33480-3504	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 4/12/2000	
6. FEI Number 061590669	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

8. Name and Address of Current Registered Agent

Name **Timothy M. Hanlon**

Street Address (P.O. Box Number is Not Acceptable) **321 Royal Poinciana Plaza**

Suite, Apt. #, Etc.

City **Palm Beach** State **FL** Zip Code **33480**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 609, F.S.

Signature of Registered Agent *[Signature]* Date **3/10/03**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>MEM</i>	Linda Castro Gosman	513 N. County Road	Palm Beach, FL 33480-3504
<i>MEM</i>	Abraham D. Gosman	513 N. County Road	Palm Beach, FL 33480-3504

REINSTATEMENT 2002-2003 *[Signature]*

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 609, 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 **3/5/03** Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager **Linda Castro Gosman, Member**

L00000004244
09436

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000073701 2))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : BILZIN, SUMBERG DUNN BAENA PRICE & AXELROD LLP.
Account Number : 075350000132
Phone : (305) 374-7580
Fax Number : (305) 350-2446

LIMITED LIABILITY REINSTATEMENT

7-8 BLOSSOM ESTATES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$205.00

RECEIVED
03 MAR 10 PM 12:13
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing

Public Access Help