

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 OCT 27 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L00000008636

**1. Limited Liability Company's Name**  
Villages of Windsor By Anasca Homes, L.L.C.

**2. Principal Office Address**  
3333 S. Congress Ave.

**3. Mailing Office Address**  
3333 S. Congress Ave.

Suite, Apt. #, etc.  
Suite 401

Suite, Apt. #, etc.  
Suite 401

City & State  
Delray Beach

City & State  
Delray Beach

Zip  
33445

Country  
USA

Zip  
33445

Country  
USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

7/19/2000

**6. FEI Number**

651068596

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  
Mitchell A. Sherman, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
1301 N. Congress Ave.

Suite, Apt. #, Etc.  
Suite 210

City  
Boynton Beach

State  
FL

Zip Code  
33426

**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   
REGISTERED AGENT MUST SIGN

Date 10/26/04

**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
DP	Charles Scardina	3333 S. Congress Ave. #401	Delray Beach, FL 33445

200042248932  
10/27/04--01054--003 \*\*150.00

2004

**11. I certify that I am managing member/manager or the receiver or trustee of the company. If I am not the managing member/manager, 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  Date 10/26/04 Daytime Phone # 561-243-1236

Typed or printed name of signing Managing Member/Manager Charles Scardina

CR2E041 (10/02)