

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

13 JUN 19 AM 10:47

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # L00000008974

1. Limited Liability Company's Name

WEST MEADOWS, L.L.C.

2. Principal Office Address - No P.O. Box #  
14824 N FLORIDA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

14824 N FLORIDA AVE

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA/U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

07/27/2000

City & State

TAMPA

City & State

TAMPA

Zip

33613

Country

U.S.A.

Zip

33613

Country

U.S.A.

6. FEI Number

593665420

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

LEONARD H. JOHNSON, ESQ.

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

37837 MERIDIAN AVE

Suite, Apt. #, Etc.

STE 100

City

DADE CITY

State

FL

Zip Code

33525

E-mail Address:

400249071944

lenj@dadecitylaw.com

(To be used for future annual report notices)

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

Date JUNE 18, 2013

REGISTERED AGENT MUST SIGN

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
MGR	TIMOTHY F. MOBLEY	14824 N FLORIDA AVE	TAMPA, FL 33613

REINSTATEMENT

JUN 19 2013

R. HUNT

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date 6/18/2013

Daytime Phone # (813) 960-8966

Typed or printed name of signing Managing Member/Manager

Timothy F. Mobley



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 694424 81875A

AUTHORIZATION :

COST LIMIT : \$ 793.75

ORDER DATE : June 19, 2013

ORDER TIME : 12:25 PM

ORDER NO. : 694424-005

CUSTOMER NO: 81875A

DOMESTIC FILINGS

NAME: WEST MEADOWS, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 52956

EXAMINER'S INITIALS

JUN 19 2013

R. HUNT

NOT RETURNED  
TO AGENCY  
SUFFICIENCY OF FILING

2013 JUN 19 AM 10:20

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATION