

L01000003693

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.  
FILED

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 17 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000003693

1. Limited Liability Company's Name

First States Investors 20, LLC

2. Principal Office Address

1725 The Fairway

3. Mailing Office Address

1725 The Fairway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jenkintown, PA

City & State

Jenkintown, PA

Zip

19046

Country

USA

Zip

19046

Country

USA

800016783198

04/23/03--011020--011 \*\*200.00

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

March 9, 2001

6. FEI Number

23-3079624

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

*Elizabeth C. Homoczny*  
REGISTERED AGENT MUST SIGN

Date

4-16-03

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
	Nicholas S. Schorsch, Manager	1725 The Fairway	Jenkintown, PA 19046
	Glenn Blumenthal, Asst. Manager	1725 The Fairway	Jenkintown, PA 19046
	William P. Ciorletti, Asst. Manager	1725 The Fairway	Jenkintown, PA 19046

REINSTATEMENT

02-03

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.

Signature of  
Managing Member/Manager

*Glenn Blumenthal*

Date 3/31/03

Daytime Phone # 215 887-2280

Typed or printed name of signing Managing Member/Manager

Glenn Blumenthal, Asst. Manager

CR2E041 (10/02)