

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 09 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000008369

1. Limited Liability Company's Name

WEKIVA CREST, LC

2. Principal Office Address

115 N. Maitland Ave.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

3. Mailing Office Address

115 N. Maitland Ave.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

4. State/Country of Formation

Florida

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

5/23/2001

6. FEI Number

010619592

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

PETER F. SOUZA
ASSISTANT SECRETARY

Date 11/2/04

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	Guardian Equities, Inc.	1775 Broadway, 23rd Floor	New York, NY 10019

300042560843
11/06/04 01054-021 **155.00

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

Date

11/3/04

Daytime Phone #

(407) 866-7211

Typed or printed name of signing Managing Member/Manager

LOUIS P. SHASSIAN

CR2E041 (10/02)