

L01000010269

FILED

03 JAN 28 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000010269

1. Limited Liability Company's Name

QUESTAR OF SIESTA KEY, LLC

000010098770
01/28/03--01032--020 **50.00

000010098770
01/14/03--01113--001 **150.00

1/14 2002

2. Principal Office Address

2 Upland Lane

Suite, Apt. #, etc.

3. Mailing Office Address

2 Upland Lane

Suite, Apt. #, etc.

City & State

Armonk, New York

City & State

Armonk, New York

Zip

10504

Country

Zip

10504

Country

4. State/Country of Formation

Sarasota Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

X 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

Robert M. Greene

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

2 Upland Lane

Suite, Apt. #, Etc.

230 North Washington Drive

SARASOTA FL 34236

City

Armonk

New York

State

FL

Zip Code

10504

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

12/27/02

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	Robert M. Greene	2 Upland Lane	Armonk NY 10504
REINSTATEMENT 2002-2003 AK			

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 606.406, 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

12/27/02

Daytime Phone #

914 949 5196

Typed or printed name of signing Managing Member/Manager Robert M. Greene

CR2E041 (9/01)