

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY
REINSTATEMENT



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

DOCUMENT # L01000013194

1. Limited Liability Company's Name
Westcott at Tuscany Ridge, LLC

2. Principal Office Address
2933 W SR 434 St 131
Suite, Apt. #, etc.
City & State
Longwood, FL
Zip Country
32779

3. Mailing Office Address
2933 W SR 434 St 131
Suite, Apt. #, etc.
City & State
Longwood, FL
Zip Country
32779

4. State/Country of Formation
Florida
5. Date Organized or Qualified To Do Business in Florida
6. FBI Number
59-3795322
7. CERTIFICATE OF STATUS DESIRED ☐ See US Additional Fee required for a Certificate of Status

FILED
02 NOV 19 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent

Name
Tatich, Philip
Street Address (P.O. Box Number is Not Acceptable)
2933 W SR 434 St 131
Suite, Apt. #, etc.
341 North Maitland Ave St 340
City
Longwood
State
FL
Zip Code
32779

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.

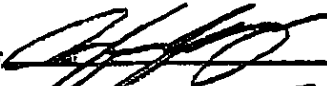
Signature of Registered Agent  Date 11/4/02

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
	Joseph Kantor MGRM	2933 W SR 434 St 131	Longwood FL 32779
	Moshe Ziv MGRM	144 W 77th St	New York, NY 10023

10/29/02-- 01179-- 002-- \$50.00

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 608.408, 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 11/4/02 Daytime Phone# 407/652-6940

Typed or printed name of signing Managing Member/Manager Joseph Kantor