PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L01000013194

1. Limited Liability Company's Name

Wescott at Tuscany Ridge, LLC

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

4. State/Country of Formation: Florida

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

6. FEI Number: 59-3735322 ☐ 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: Tatich, Philip

Street Address (P.O. Box Number is Not Acceptable): ~~2933 W SR 434 St 131~~ 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

Titles	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# 407/682-6940

Type or printed name of signing Managing Member/Manager: Joseph Kantor