

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 26 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L0200000 3126

1. Limited Liability Company's Name

TRI-STATE MOBILE HOME PARK LLC

2. Principal Office Address

24 bay st

Suite, Apt. #, etc.

City & State

osprey, fl

Zip

34229

Country

usa

3. Mailing Office Address

741 washington ave

Suite, Apt. #, etc.

City & State

elyria, oh

Zip

44035

Country

usa

4. State/Country of Formation

Florida/Sarasota

5. Date Organized or Qualified
To Do Business in Florida

Feb. 8th, 2002

6. FEI Number

01-0652553

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

Connie Moran

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

204 Myrtle ave

Suite, Apt. #, Etc.

City

nokomis, FL

State

FL

Zip Code

34275

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

REGISTERED AGENT MUST SIGN

Date

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
MEMBER MANAGER MANAGER	edward j westgate jr	741 washington ave	elyria, ohio
	edward westgate sr.	35514 detroit rd	avon, ohio

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 2-17-04

Daytime Phone# 440-366-0948

Typed or printed name of signing Managing Member/Manager

EDWARD J WESTGATE JR.

CR2ED01 (10/02)