

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000008400

1. Limited Liability Company's Name

**AHF TEMPLE COURT LLC**

**FILED**

10 AUG 18 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900184465279  
08/18/10--01032--016 \*\*516.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #  
7300 NW 19 STREET

3. Mailing Office Address  
7300 NW 19 STREET

Suite, Apt. #, etc.  
SUITE 502

Suite, Apt. #, etc.  
SUITE 502

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip Country  
33126 US

Zip Country  
33126 US

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida 04/09/2002

6. FEI Number  
562449774

☐ 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  
LYNN SOLOMON, ESQ

Street Address (P.O. Box Number is Not Acceptable)  
500 AUSTRALIAN AVENUE SOUTH

Suite, Apt. #, Etc.  
SUITE 605

City  
WEST PALM BEACH

State Zip Code  
FL 33401

**REINSTATEMENT** 2008-10-18

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 8/9/10

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	OPAL JONES	7300 NW 19 STREET	MIAMI, FL 33126

11. E-mail Address: \_\_\_\_\_  
(To be used for future annual report notifications)

12. 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 8/12/10

Daytime Phone # 305 471-9750

Typed or printed name of signing Managing Member/Manager