

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenn E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 DEC 15 AM 11:19

DIVISION OF CORPORATIONS,
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000021938

Name and Mailing Address

0005276 01 AT 0.292 **AUTO T1 0 0615 33064-791551



VILLA TERESA APARTMENTS, L.L.C.
4951 N.E. 28TH AVENUE
LIGHTHOUSE POINT FL 33064-7915



2. New Mailing Address

City, State, Zip

Principal Place of Business

4951 N.E. 28TH AVENUE
LIGHTHOUSE POINT FL 33064

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/26/2002

6. FEI Number

611443430

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

*FEINBERG, JEFFREY ESQ.
FEINBERG & MAIDENBAUM
4000 HOLLYWOOD BOULEVARD, SUITE 350-N
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	CLAUDIA ESQUIVEL	4951 NE 28 AVE	LIGHTHOUSE PT. FL 33064

REINSTATEMENT 2003

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

SIGNATURE REQUIRED

Date 10-19-03

Daytime Phone # 954-5709010

Typed or printed name of signing Managing Member/Manager

2 of 2

FEINBERG & MAIDENBAUM

ATTORNEYS AT LAW

JEFFREY FEINBERG, P.A. * Φ
ADRIENNE MAIDENBAUM, P.A. **

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Miami Office:
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Miami, Florida 33156

** ALSO ADMITTED TO PRACTICE
IN NEW YORK

December 12, 2003

Φ Board Certified Real Estate Lawyer
Please Reply to Hollywood

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314-6327

FILED
2003 DEC 15 AM 11:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA


RE: Villa Teresa Apartments, L.L.C.
Five Star Management, L.L.C.

Dear Madam/ Sir:

Enclosed please find two checks in the amount of \$150.00 each along with the Application for Reinstatement for the above referenced companies. Also enclosed are copies of the cancelled checks from when the original Uniform Business Reports for the companies were submitted for filing. Please be advised that these two business reports were never filed and therefore the companies now have to pay for reinstatement. Please review the attached paperwork and advise whether or not the companies are due a refund, as these reports should have been filed back in February when our client originally submitted them.

Should you have any questions regarding the above referenced matter, please do not hesitate to contact our office.

Very truly yours,


SHANNON POLLITT
For the Firm

SP/
Enclosures