

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

250.00
10-1-04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 10 AM 11:03

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L030200002909

1. Limited Liability Company's Name

Tioga Town Center, LLC

2. Principal Office Address

13151 Newberry Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 13453

Suite, Apt. #, etc.

City & State

Tioga, FL

City & State

Gainesville, FL

Zip

32669

Country

US

Zip

32604

Country

US

CR2E041 (8/05)

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

1/8/03

6. FEI Number

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

Michael J. Diaz

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

13151 Newberry Road

Suite, Apt. #, Etc.

City

Tioga

State
FL

Zip Code
32669

REINSTATEMENT

04-06

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

400077522294
07/14/06--01033--019 **250.00
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
CD	Diaz, Miguel	105 SW 128 th Street	Tioga, FL 32669
P	Diaz, Luis	105 SW 128 th Street	Tioga, FL 32669
V	Cannella, Luisa	105 SW 128 th Street	Tioga, FL 32669
ST	Diaz, Anneliese	13151 Newberry Road	Tioga, FL 32669
V	Ferrero, Horst	105 SW 128 th Street	Tioga, FL 32669
D	Levy, Gilbert	105 SW 128 th Street	Tioga, FL 32669

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

Luis Diaz
President

Date

6-13-06

Daytime Phone #

352-331-4000

Typed or printed name of signing Managing Member/Manager