

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000020657

1. Limited Liability Company's Name

Regency Pointe 1-TEH, LLC

FILED

08 FEB -1 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

8803 Lakemabel Dr

Suite, Apt. #, etc.

3. Mailing Office Address

8803 Lake Mabel Dr

Suite, Apt. #, etc.

City & State

Orlando

City & State

Orlando

Zip

32836

Country

USA

Zip

32836

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida

09/11/05

6. FEI Number

20-3754152

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

Tom Harvey

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

8803 Lake Mabel Dr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32836

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Tom Harvey

REGISTERED AGENT MUST SIGN

Date 01/02/08

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 |
|--------|--------------------------------------|---|--------------------------|
| MEM | <u>Tom Harvey</u> | <u>8803 Lake Mabel Dr</u> <u>Orlando</u> | <u>Orlando, FL 32836</u> |
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REINSTATEMENT 06-08

400113819404
01/25/08--01037--002 **177.50

400113819404
01/04/08--01037--003 **238.75

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

Tom Harvey

Date 01/02/08

Daytime Phone# 407-876-6504

Typed or printed name of signing Managing Member/Manager

Tom Harvey