

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
DIVISION OF STATE
CORPORATIONS
06 JAN 24 AM 10:11

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000038169

1. Limited Liability Company's Name

Tuscany at Bay Heights, LLC

2. Principal Office Address

1221 SW 27th Av.

Suite/Apt. #, etc.

301

City & State

MIAMI, FL

Zip

33135

Country

USA

3. Mailing Office Address

1221 SW 27th Av.

Suite/Apt. #, etc.

301

City & State

MIAMI, FL

Zip

33135

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10-07-2003

6. FEI Number

11-3708188

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

Felix D. Saffe

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

1221 SW 27th Avenue

Suite, Apt. #, Etc.

301

City

MIAMI

State

FL

Zip Code

33135

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-20-06

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
MM	Henry Socorro	1221 SW 27th Av. #301	Miami, FL 33135
MM	Felix D. Saffe	1221 SW 27th Av. #301	MIAMI, FL 33135
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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

[Signature]

Date 1-20-06

Daytime Phone # 305-642-2330

Typed or printed name of signing Managing Member/Manager

Henry Socorro