

Batch 351924

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**FILED**

10 FEB -2 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000042900

1. Limited Liability Company's Name

THE HARBORS AT TOWN N COUNTRY LLC

300167465363
01/28/10--01034--006 **277.50

CR2E041 (11/09)

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

585 S. RONALD REAGAN BLVD.

Suite, Apt. #, etc.

133

City & State

LONGWOOD FL

Zip

32750

Country

US

3. Mailing Office Address

585 S. RONALD REAGAN BLVD.

Suite, Apt. #, etc.

133

City & State

LONGWOOD FL

Zip

32750

Country

US

4. State/Country of Formation

FL US

5. Date Organized or Qualified
To Do Business in Florida

11/05/2003

6. FEI Number

200367705

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

JOSEPH SUTHERLAND

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

585 S. RONALD REAGAN BLVD.

Suite, Apt. #, Etc.

133

City

LONGWOOD

State

FL

Zip Code

32750

☒ 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

REGISTERED AGENT MUST SIGN

X Date 12/09/09

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
MGRM	JOSEPH SUTHERLAND	585 S. RONALD REAGAN BLVD.	LONGWOOD FL 32750
MGRM	ANTHONY MOLEY	4201 W. WATERS AVE.	TAMPA FL 33614
MGRM	JAMES FABIANO	9614 OSLIN ST.	TAMPA FL 33615
	L. SELLERS		

RECEIVED
TAMPA DU Mail Intake
Stamp #5

REINSTATEMENT

FEB - 3 2010

08-09

11. E-mail Address

EXAMINER@land.com

(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

X Date 12/09/09

Daytime Phone # (407) 948-9793

Typed or printed name of signing Managing Member/Manager JOSEPH SUTHERLAND