

From: POHL & SHORT, P.A.

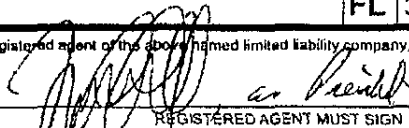
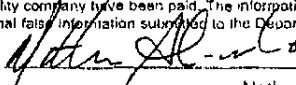
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PLEASE READ ALL INSTRUCTIONS BEFORE

14 MAR 19 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000045665 1. Limited Liability Company's Name The Woods of Moccasin Wallow, LLC			
2. Principal Office Address - No P.O. Box # 10 E. Palisade Ave. Suite, Apt. #, etc.		3. Mailing Office Address 10 E. Palisade Ave. Suite, Apt. #, etc.	
City & State Englewood, NJ Zip 07631 Country US		City & State Englewood, NJ Zip 07631 Country US	
		4. State/Country of Formation Florida	
		5. Date Organized or Qualified To Do Business in Florida 11/18/2003	
		6. FEI Number 74-3109472	
		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Pohl & Short, P.A. Street Address (P.O. Box Number is Not Acceptable) 280 West Canton Avenue Suite, Apt. #, Etc. Suite 410 City Winter Park State FL Zip Code 32789			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 3-19-14 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Nathan Shmalo	10 E. Palisade Ave.	Englewood, NJ 07631
MGR	Frederick Fish	10 E. Palisade Ave.	Englewood, NJ 07631
MGR	Allan Zirkelbach	10 E. Palisade Ave.	Englewood, NJ 07631
11. E-mail Address: nshmalo@treecocenters.com (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager  Date 3/17/14 Daytime Phone # 201-871-8800 Type or printed name of signing Authorized Representative/Manager: Nathan Shmalo			

H14000066220 3

MAR 19 2014

M. WILLIAMS

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : POHL + SHORT, P.A.
Account Number : I20000000182
Phone : (407) 647-7645
Fax Number : (407) 647-2314

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: nshmal0@treecocenters.com

**LIMITED LIABILITY REINSTATEMENT
THE WOODS OF MOCCASIN WALLOW, LLC**

Certificate of Status	0
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