From: POHL & SHORT, P.A. 4076472314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

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

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10 E. Palisade Ave.	10 E. Palisade Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Englewood, NJ	City & State: Englewood, NJ
Zip: 07631 Country: US	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 ☐ 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: 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: [signature] as President 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 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 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: [signature] Date: 3/17/14 Daytime Phone #: 201-871-8800

Typed or printed name of signing Authorized Representative/Manager: Nathan Shmalo

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MAR 19 2014

M. WILLIAMS

Florida Department of State
Division of Corporations
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From:
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Phone : (407)647-7645
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