

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000045974

FILED  
Dec 01, 2008  
Secretary of State

Entity Name: WESCOTT - TOWER LAKE, LLC

**Current Principal Place of Business:**

6000 METROWEST BLVD - SUITE 105  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

6000 METROWEST BLVD - SUITE 105  
ORLANDO, FL 32835

**New Mailing Address:**

FEI Number: 20-0383267      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

TATICH, PHILIP  
341 NORTH MAITLAND AVE.  
SUITE 340  
MAITLAND, FL 32751 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PHILIP TATICH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KANTOR, JOSEPH  
Address: 6000 METROWEST BLVD - SUITE 105  
City-St-Zip: ORLANDO, FL 32835

Title: MGRM ( ) Delete  
Name: ZIV, MOSHE  
Address: 6000 METROWEST BLVD - SUITE 105  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSEPH KANTOR

MGRM

12/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date