

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L040000-61688**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 OCT -3 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

**THE SHOPPES AT PRIMA VISTA, LLC, a Florida limited liability company**

*BK*

CR2E041 (8/05)

2. Principal Office Address

**2969 Whitney Avenue**

Suite, Apt. #, etc.

**302**

City & State

**Hamden, CT**

Zip

**06518**

Country

**USA**

3. Mailing Office Address

**(same)**

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**08/19/2004**

6. FEI Number

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

**Stephen Navaretta, Esq.**

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

**1100 SW St. Lucie West Blvd**

Suite, Apt. #, Etc.

**203**

City

**Port St. Lucie,**

State  
**FL**

Zip Code  
**34986**

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

Date

**10/1/06**

**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
MGRM	Leonard Meyers	7485 Bondsberry Court	Boca Raton, FL 33434
MGRM	PFH Mortgage, LLC	377 Main Street	West Haven, CT 06516
MGRM	Encon Development Corp.	2969 Whitney Avenue	Hamden, CT 06518

**REINSTATEMENT 2005-2006**

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

Date

**10/1/06**

Daytime Phone #

**203-230-0106**

Typed or printed name of signing Managing Member/Manager

**Mark Engengro on behalf of Encon Development Corp.**



CORPORATION SERVICE COMPANY

L 04 0000 616 88

ACCOUNT NO. : 072100000032

REFERENCE : 498555 81823A

AUTHORIZATION : HARRY B. DAVIS

COST LIMIT : \$ ~~PPD~~

FILED  
06 OCT -3 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : October 3, 2006

200.00

ORDER TIME : 9:58 AM

ORDER NO. : 498555-005

CUSTOMER NO: 81823A

BK

DOMESTIC FILINGS

NAME: THE SHOPPES AT PRIMA VISTA,  
LLC

FILED  
2006 OCT -3 AM 11:52  
DIVISION OF STATE  
CERTIFICATES OF INCORPORATION  
TO AGENCY/LEDGE  
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - Ext# 2926

EXAMINER'S INITIALS \_\_\_\_\_