

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L040000080505

1. Limited Liability Company's Name

Ten North, LLC

2. Principal Office Address - No P.O. Box #
524 Fernwood Drive

Suite, Apt. #, etc.

3. Mailing Office Address
524 Fernwood Drive

Suite, Apt. #, etc.

City & State
Altamonte Springs, Florida

City & State
Altamonte Springs, Florida

Zip Country
32701-6336 USA

Zip Country
32701-6336 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 11/05/2004

6. FEI Number
201841105

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
Roger A. Repstien

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

Suite, Apt. #, Etc.

City
Altamonte Springs

State Zip Code
FL 32701-6336

☒ 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

Date 10/24/2007

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	Roger A. Repstien	524 Fernwood Drive	Altamonte Springs, Florida 32701
MGRM	Veronica L. Sommer	219 Dorchester Square	Lake Mary, Florida 32746

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10/26/07--01051--025 **150.00

REINSTATEMENT 05-67

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 10/24/2007 Daytime Phone # 407-830-6522

Typed or printed name of signing Managing Member/Manager Roger A. Repstien