

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 19 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400166068954

01/13/10--01036--005 **416.25
CR2E041 (11/09)

DOCUMENT #

L05000054543

1. Limited Liability Company's Name

Westie Cove, LLC

2. Principal Office Address - No P.O. Box #

2799 NW Boca Raton Blvd

Suite, Apt. #, etc.

Suite 203

City & State

Boca Raton

Zip

33431

Country

USA

3. Mailing Office Address

SAME AS #2

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FL / USA

**5. Date Organized or Qualified
To Do Business in Florida**

5/25/2005

6. FEI Number

20-2971735

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

Steven A. Sciarreta

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

2799 NW BOCA RATON Blvd.

Suite, Apt. #, Etc.

203

City

Boca Raton

State

FL

Zip Code

33431

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 1-12-10

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
Mgr.	Steven A. Sciarreta	2799 NW Boca Raton Blvd #203	Boca Raton FL 33431
			JB

REINSTATEMENT 2008-10

11. E-mail Address: FSONARA@FEDERATEDFINANCIAL.COM

(To be used for future annual report notifications)

12. 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

[Signature]
Steven A. Sciarreta

Date 1-12-10

Daytime Phone #

954.351.2785

Typed or printed name of signing Managing Member/Manager

x 300