


L 05000100044

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 DEC -8 PM 2:25 TALLAHASSEE, FLORIDA 800139233568 12/23/08--01015--018 **377.50 CR2E041 (10/08)	
DOCUMENT # 1. Limited Liability Company's Name <div style="text-align: center; margin-top: 10px;">HERITAGE AT TENNESSEE, LLC 07</div>					
2. Principal Office Address - No P.O. Box # 3839 West 16th Avenue Suite, Apt. #, etc.		3. Mailing Office Address 3839 West 16th Avenue Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State Hialeah, FL		City & State Hialeah, FL		5. Date Organized or Qualified To Do Business in Florida 10/10/2005	
Zip 33012	Country US	Zip 33012	Country US	6. FEI Number Applied For Not Applicable	
8. Name and Address of Current Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 E. Park Avenue Suite, Apt. #, Etc. City Tallahassee				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status <input type="checkbox"/> 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 <u>Maddock A. S. Jr.</u> Date <u>12-5-08</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGR	Maurice Cayon	3839 West 16th Avenue		Hialeah, FL 33012	
REINSTATEMENT 2007-2008					
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 <u>[Signature]</u> Date _____ Daytime Phone # _____					
Typed or printed name of signing Managing Member/Manager <u>Maurice Cayon</u>					