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Account Number : 120000000117
Phone : (352)732-7218
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L. SELLERS
JAN 24 2008
EXAMINER

LIMITED LIABILITY REINSTATEMENT

OCALA TOWNHOUSES LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$382.50

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Jan. 23. 2008 3:00PM No. 5320 P. 2

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000068800

1. Entity Name
OCALA TOWNHOUSES LLC

[redacted]

11062007 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
C/O MEIR C. WEISS 1573 49TH STREET BROOKLYN, NY 11219 US	C/O MEIR C. WEISS 1573 49TH STREET BROOKLYN, NY 11219 US

2. Principal Place of Business - No P.O. Box # c/o Shimon Posen		3. Mailing Address 5949 Bent Pine Drive			
Suite, Apt. # etc. 199 Lee Avenue, #277		Suite, Apt # etc			
City & State Brooklyn, NY		City & State Orlando, FL		4. FEI Number 20-5378011	Applied For / Not Applicable
Zip 11211	Country USA	Zip 32882	Country USA	5. Certificate of Status Desired ☒	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WEISS, MEIR C
970 N.E. 177TH STREET
NORTH MIAMI FL 33162

7. Name and Address of New Registered Agent

Name: Jose H. Cortes, Jr., Esq.
Street Address (P.O. Box Number is Not Acceptable): 4 Southeast Broadway
City: Ocala FL Zip Code: 34470

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE: Jose H. Cortes, Jr. January 23, 2008
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Shimon Posen 199 Lee Avenue, #277, Brooklyn, NY 11211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Jose H. Cortes, Jr., Auth. Agent 1/23/08 (352) 732-7218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #