

LO7000067949

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO7000067949**

1. Limited Liability Company's Name

Flamingo Park OTFS LLC (08)

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

Seagis Property Group

Suite, Apt. #, etc.

One Tower Bridge, Ste 1370

City & State

West Conshohocken, PA

Zip

19428

Country

US

3. Mailing Office Address

Seagis Property Group

Suite, Apt. #, etc.

One Tower Bridge, Ste 1370

City & State

W Conshohocken PA

Zip

19428

Country

US

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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

Corp Direct Agents, Inc

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

515 East Park Ave

Suite, Apt. #, Etc.

Tallahassee, FL 32301

City

State

FL

Zip Code

☒ 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

Katie Worsch, Asst. Sec.

REGISTERED AGENT MUST SIGN

Date

9/21/09

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
MR Mr	Ken Meyer	One Tower Bridge Suite 1370	West Conshohocken PA 19428

REINSTATEMENT

2008-2009

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09/22/09--01006--003 **277.90

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

Katie Worsch

Date **9.9.09**

Daytime Phone # **484.530.9133 x16**

Typed or printed name of signing Managing Member/Manager