


Fax Audit No.: H150000124223

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FEB 15 2015
15 JAN 15 PM 2:46
SECRETARY OF STATE
PAUL ANASTAS

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L08000055942</u>					
1. Limited Liability Company's Name ALFT-TENN, LLC					
2. Principal Office Address - No P.O. Box # 315 East New Market Road Suite, Apt. #, etc.		3. Mailing Office Address 315 East New Market Road Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State Immokalee, FL		City & State Immokalee, FL		5. Date Organized or Qualified To Do Business in Florida 08/05/2008	
Zip 34142	Country USA	Zip 34142	Country USA	6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name HF Registered Agents, LLC					
Street Address (P.O. Box Number is Not Acceptable) 1715 Monroe Street					
Suite, Apt. #, Etc.					
City Fort Myers		State FL	Zip Code 33901		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent				Date <u>1-15-2015</u>	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGR	Lawrence R. Lipman	315 East New Market Road		Immokalee, FL 34142	
REINSTATEMENT					
JAN 15 2015 R. HUNT					
11. E-mail Address: <u>hfregistered.agents@henlaw.com</u> (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.					
Signature of Authorized Representative/Manager					
Date <u>01/15/2015</u> Daytime Phone # <u>(239) 344-1180</u>					
Typed or printed name of signing Authorized Representative/Manager <u>Guy E. Whitesman, Esq., Authorized Representative</u>					

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Division of Corporations

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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**LIMITED LIABILITY REINSTATEMENT
ALFT-TENN, LLC**

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