

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 Dec-5 AM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Tara Oaks Plaza, LLC
Document # H13000217201
Corporation # L13000138086

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

3800 A1A South

Suite #, etc.

City & State

St. Augustine, FL

Zip

32080

Country

USA

3. Mailing Office Address

1060 Highmont Road

Suite, Apt. #, etc.

City & State

Pittsburgh, PA

Zip

15232-2905

Country

USA

4. State/Country of Formation

St. Johns

5. Date Organized or Qualified
To Do Business in Florida
September 30, 2013

6. FEI Number

169-32-6499

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

Andre van Rensburg, CCIM

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

Steer Realty, 1750 Trees Boulevard

Suite, Apt. #, Etc.

Suite 1

City

St. Augustine

State

FL

Zip Code

32084

700265934457
10/28/14--01028--002 **238.75

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

Electronic Signature *Andre van Rensburg*

Date

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	Thomas M. Schmidt	1060 Highmont Road	Pittsburgh, PA 15232-2905
MGR	Helen . Claire	2801 New Mexico Avenue, Apt. 515	Washington, DC 20007

REINSTATEMENT

2014

11. E-mail Address: tmschmidt401@aol.com

(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 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 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

Thomas M. Schmidt

Date 10/20/14

Daytime Phone # 412-441-7409

Typed or printed name of signing Authorized Representative/Manager Thomas M. Schmidt