

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 MAR -5 AM 8 13

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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03/05/18--01006--001 **377.50

DOCUMENT # L15000068993

1. Limited Liability Company's Name
Tampa ALF LLC

2. Principal Office Address - No P.O. Box #
7575 65th Way N

Suite, Apt. #, etc.

City & State
Pinellas Park FL

Zip Country
33781 United States

3. Mailing Office Address
7575 65th Way N

Suite, Apt. #, etc.

City & State
Pinellas Park FL

Zip Country
33781 United States

CR2E041 (1/14)

4. State/Country of Formation
Florida/United States

5. Date Organized or Qualified To Do Business in Florida 04/20/2015

6. FEI Number
47-3775513

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
Israela Herskovitz

Street Address (P.O. Box Number is Not Acceptable) Suite,
20229 Ocean Key dr

Apt. #, Etc

City State Zip Code
Boca Raton FL 33498

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 *Israela Herskovitz*
REGISTERED AGENT MUST SIGN

Date 2/28/2018

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	Israela Herskovitz	20229 Ocean Key Dr	Boca Raton FL 33498
REINSTATEMENT			MAR 5 2018
			R. HUNT

11. E-mail Address ronihersk@gmail.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 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member *Israela Herskovitz* Date 2/28/2018 Daytime Phone # 561-245-0437

Typed or printed name of signing authorized representative/member Israela Herskovitz