

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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.

3. Mailing Office Address
7575 65th Way N

Suite, Apt. #, etc.

City & State
Pinellas Park FL

City & State
Pinellas Park FL

Zip Country
33781 United States

Zip Country
33781 United States

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
Boca Raton

State Zip Code
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

FILED

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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