

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN -3 PM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L94-152

1. Limited Liability Company's Name

Tuscany Construction, L.C.

2. Principal Office Address

13932 SW 86 CT

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33158

Country

Dade

3. Mailing Office Address

1700 University Dr

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33071

Country

Broward

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3/31/94

6. FEI Number

65-0481826

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name

Kupfer, Kupfer + Skolnick, P.A.

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

1700 University Dr.

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *12/29/99*

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
mgr/	<i>Sierra Construction & Development, Inc.</i>	<i>7190 SW 148 Terrace</i>	<i>Miami FL 33158</i>
mem	<i>Interdenco Projects, L.C.</i>	<i>7600 Jog Rd</i>	<i>Lake Worth, FL 33467</i>

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 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

[Signature]

Date *12/29/99* Daytime Phone # *305-253-4203*

Typed or printed name of signing Managing Member/Manager

Filiberto Sierra