

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 FEB 23 AM 10:56

**DOCUMENT #** L98000000214

**1. Limited Liability Company's Name**

Fountains of Plantation LLC

9/29/00

**2. Principal Office Address**

3511 West Commercial Boulevard

Suite, Apt. #, etc.

Suite 307

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

**3. Mailing Office Address**

3511 West Commercial Boulevard

Suite, Apt. #, etc.

Suite 307

City & State

Fort Lauderdale, FL 33309

Zip

33309

Country

USA

**4. State/Country of Formation**

FL

**5. Date Organized or Qualified  
To Do Business in Florida**

2/26/98

**6. FEI Number**

65-0819482

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED**

☒ \$3.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

David Dordashti

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

3487 Chase Avenue

Suite, Apt. #, Etc.

City

Miami Beach

State  
FL

Zip Code  
33140

200003892922-8

03/22/01-01071-003

\*\*\*\*205.00 \*\*\*\*205.00

**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

REGISTERED AGENT MUST SIGN

Date 2/20/01

**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
Pres./ CEO	David Dordashti	3487 Chase Avenue	Miami Beach, FL 33140
Secretary/ Treas	Irene Dordashti	3487 Chase Avenue	Miami Beach, FL 33140
	Emil Dordashti	4141 Biscayne	

**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 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.**

Signature of  
Managing Member/Manager

Date 2/20/01

Daytime Phone # (954) 714-8200

Typed or printed name of signing Managing Member/Manager