

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 MAY -6 AM 11:10

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT # L98000000365**

FL RFC/WA GP, L.C.  
16133 VENTURA BLVD., SUITE 1400  
ENCINO, CA 91436

1a. Principal Place of Business Address

VICTORIA PARK CENTER  
1401 EAST BROWARD BLVD., STE 302  
FT. LAUDERDALE FL 33301-2116

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

03/27/1998

FL

4. FEI Number

☐ Applied For

☐ Not Applicable

95-4678580

5. Date of Last Report

6. Certificate of Status Desired

3/27/1998

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

GRIFFIN, JAMES K. JR.  
VICTORIA PARK CENTER  
1401 EAST BROWARD BLVD., SUITE 302  
FT. LAUDERDALE FL 33301

Name

N/A

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

Suite, Apt. #, etc.

City

Zip Code

FL

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

N/A

Date

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGR

HEARTHSTONE

16133 VENTURA BLVD., STE 1400

ENCINO CA 91436

400002874354-0  
-05/13/99--01077--019  
\*\*\*\*188.75 \*\*\*\*188.75

AL APR 12 1999

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

*[Signature]*

ITS

Authorized Representative

Date 4/21/99

Daytime Phone 818/223-9135

Typed or printed name of signing Managing Member/Manager

M. Porath