

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

APPROVED
AND
01 OCT 11 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000946

1. Limited Liability Company's Name

Tuscany Development, L.L.C.

REINSTATEMENT

2. Principal Office Address

6360 South Tamiami Trail

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Zip

34231

Country

USA

Zip

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida

7/2/98

6. FEI Number

65-0856902

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

Robert H. Elliott

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

6360 South Tamiami Trail

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34231

800004634758--1

-10/12/01--01049--004

*****125.00 *****125.00

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

Robert H. Elliott

REGISTERED AGENT MUST SIGN

Date 10/10/01

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
MGR	Jerry D. Lewis	2197 Ringling Boulevard	Sarasota, Florida 34237
MGR	Robert H. Elliott	6360 South Tamiami Trail	Sarasota, Florida 34231
			800004634758--1 -10/12/01--01049--005 *****25.00 *****25.00

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

Robert H. Elliott

Date 10/10/01 Daytime Phone # 941-356-6235

Typed or printed name of signing Managing Member/Manager

Robert H. Elliott

CR2E041 (9/00)