


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		L98000000946		2005 JAN -4 PM 3: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name TUSCANY DEVELOPMENT, L.L.C.					
2. Principal Office Address 2121 Wood Street Suite, Apt. #, etc. Unit B105 City & State Sarasota, FL 34237 Zip 34237		3. Mailing Office Address Same Suite, Apt. #, etc. City & State City & State Zip Country USA		4. Date Incorporated or Qualified To Do Business in Florida Florida 5. FEI Number 65-0856902 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name Robert H. Elliott Street Address (P.O. Box Number is Not Acceptable) 2121 Wood Street Suite, Apt. #, Etc. Unit B105 City Sarasota State FL Zip Code 34237					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent <u>Robert H. Elliott</u> Date <u>1/3/05</u> REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each <u>Manager or Managing Member</u>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
MGR	Jerry D. Lewis	2197 Ringling Boulevard	Sarasota, Florida 34237		
MGR	Robert H. Elliott	2121 Wood St, Unit B105	Sarasota, Florida 34237		
REINSTATEMENT 04-05 900043960099 01/04/05--01046--002 **750.00 OK					
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: <u>Robert H. Elliott</u>		1/3/05		941-330-8565	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2081 (01/04)