

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**

01 NOV 13 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L98000001698

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

VIZCAYA LAKES APARTMENTS II, L.L.C.

**2. Principal Office Address**

16554 Crossings Blvd.

Suite, Apt. #, etc.

Suite 4

City & State

Clermont, Florida

Zip

34711

Country

USA

**3. Mailing Office Address**

16554 Crossings Blvd.

Suite, Apt. #, etc.

Suite 4

City & State

Clermont, Florida

Zip

34711

Country

USA

**REINSTATEMENT** 2001

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified**

To Do Business in Florida 9/4/98

**6. FEI Number**

593532174

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

Richard D. Saba, Esquire

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

2033 Main Street

Suite, Apt. #, Etc.

Suite 303

City

Sarasota

State

FL

Zip Code

34237

400004695024--8

11/27/01 01045 120

\*\*\*150.00 \*\*\*10.00

**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

*Richard D. Saba*

Date 10/22/01

REGISTERED AGENT MUST SIGN

**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
MGRM	Cagan, Jeffrey M	3856 Oakton	Skiokie, IL 60076

**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

*Jeffrey M. Cagan*  
Jeffrey M. Cagan

Date 10-23-01

Daytime Phone # 352-242-2444

Typed or printed name of signing Managing Member/Manager

Jeffrey M. Cagan

CR2E041 (8/00)