

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

99 DEC 13 PM 1:56

DOCUMENT # **L98000002121**

1. Limited Liability Company's Name

Alacort Trust, L.L.C.

2. Principal Office Address

2045 Kirsten Lee Drive

Suite, Apt. #, etc.

City & State

Westlake Village, CA

Zip

91361

Country

USA

3. Mailing Office Address

2045 Kirsten Lee Drive

Suite, Apt. #, etc.

City & State

Westlake Village, CA

Zip

91361

Country

USA

999A00059577

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10/06/1998

6. FEI Number

59-3538875

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ ~~\_\_\_\_\_~~

8. Name and Address of Current Registered Agent

Name

John Paul Parks

MJH

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

c/o Wendel, Chritton, Parks & DeBari, Chartered

300003082643-9

Suite, Apt. #, Etc.

5300 S. Florida Avenue

-12/29/99-01007-017

\*\*\*\*155.00 \*\*\*\*155.00

City

Lakeland

State

FL

Zip Code

33813

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

*John Paul Parks*

REGISTERED AGENT MUST SIGN

Date December 10, 1999

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	Roubicek, Jose	2045 Kirsten Lee Drive	Westlake Village, CA 91361
REINSTATEMENT 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

*Jose Roubicek*

Date 12/3/99 Daytime Phone # (818) 865-0160

Typed or printed name of signing Managing Member/Manager

Jose Roubicek