

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

00 OCT 13 AM 11:02

DOCUMENT # 699000002477

1. Limited Liability Company's Name

Properties of Sarasota, LLC

2. Principal Office Address

1010 June Rd.

Suite, Apt. #, etc.

City & State

Memphis, Tennessee

Zip

38119

Country

USA

3. Mailing Office Address

1010 June Rd.

Suite, Apt. #, etc.

City & State

Memphis, Tennessee

Zip

38119

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

April 28, 1999

6. FEI Number

☒ 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

Tom Howard

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

545 Sanctuary Drive

Suite, Apt. #, Etc.

Unit 301A

City

Longboat Keys

700003428557-0

10/18/00-01047-015

\*\*\*\*150.00 \*\*\*\*150.00

State

FL

Zip Code

34228

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

REGISTERED AGENT MUST SIGN

Date 10/14/00

**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	Tom Howard	545 Sanctuary Drive	Longboat Keys, Florida 34228
MGRM	Sidney Friedman	1010 June Rd.	Memphis, Tennessee 38119
MGRM	Jerome Makowsky	1010 June Rd.	Memphis, Tennessee 38119
MGRM	Neil Ringel	1010 June Rd.	Memphis, Tennessee 38119

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

Date 10-11-00

Daytime Phone # (941) 383-1477

Typed or printed name of signing Managing Member/Manager