

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 DEC 18 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M05-1955

1. Limited Liability Company's Name

ZACK Family Property, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

10 MORNINGSIDE DR.

Suite, Apt. #, etc.

City & State

YARLEY PA

Zip

19067

Country

USA

3. Mailing Office Address

P.O. Box 512012

Suite, Apt. #, etc.

City & State

PUNTA GORDA FL

Zip

33951

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

APRIL 3, 2009

6. FEI Number

M05000001955

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

JOHN ZACK

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

8125 RIVERSIDE DR

Suite, Apt. #, Etc.

City

PUNTA GORDA

State

FL

Zip Code

33982

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

Date 12/5/07

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
PRES.	JOHN ZACK	10 MORNINGSIDE DR	YARLEY PA 19067
V.P.	JOHN J. ZACK	8125 RIVERSIDE DR	PUNTA GORDA, FL 33982

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 terminated, 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 12/5/07

Daytime Phone # 239-734-2020

Typed or printed name of signing Managing Member/Manager

JOHN ZACK