

Division of Corporations

M 98000000309

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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Account Number : 073222003555
Phone : (561) 686-3307
Fax Number : (561) 686-5442

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT

TEP LANDCO, L.L.C.

Certificate of Status	1
Certified Copy	0
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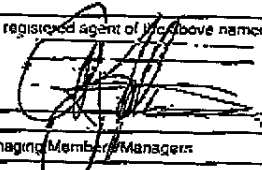
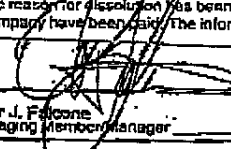
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APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000309 TEP LANDCO, LEC		1a. Principal Place of Business Address	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 3300 University Dr., Suite 001 Coral Springs, FL Zip 33065	2a. Mailing Address 3300 University Dr., Suite 001 Coral Springs, FL Zip 33065	3. Date Organized or Qualified 03/30/98	3a. State of Formation
4. FEI Number 65-0872571		☐ Applied For ☐ Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent Falcone, Arthur J. 3300 University Drive, Suite 001 Coral Springs, FL 33065		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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			
10. Title MGR	Managing Member/Manager Falcone, Arthur J.	Business Street Address 3300 University Dr., Suite 001	City, State & Zip Code Coral Springs, FL 33065
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 608.408, 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 02/07/00	Daytime Phone # (954) 346-9700
Typed or printed name of signing Managing Member/Manager Arthur J. Falcone			

CR2EO41 12/98

Amanda Parks Schlechter

FL Bar #: 965650

1645 Palm Beach Lakes Blvd., Suite 1200
West Palm Beach, FL 33401

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