M98000000309

Florida Department of State
Division of Corporations
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Phone : (561)686-3307
Fax Number : (561)686-5442

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

TEP LANDCO, L.L.C.

Certificate of Status	1
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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, LLC

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	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
3300 University Dr., [illegible]	3300 University Dr., [illegible]	03/30/98	
Suite, Apt. #, etc.: Suite 001	Suite, Apt. #, etc.: Suite 001	4. FEI Number: 65-0872571	☐ Applied For ☐ Not Applicable
City & State: Coral Springs, FL	City & State: Coral Springs, FL	5. Date of Last Report	6. Certificate of Status Desired $8.75 Additional Fee Required [X]
Zip: 33065 Country:	Zip: 33065 Country:		

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	Managing Member/Managers	Business Street Address	City, State & Zip Code
MGR	Falcone, Arthur J.	3300 University Dr., [illegible] Suite 001	Coral Springs, FL 33065

00 FEB -9 PM 5:00

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 02/07/00 Daytime Phone # (954) 346-9700

Arthur J. Falcone
Typed or printed name of signing Managing Member/Manager

CR2EO41 12/98

Amanda Parks Schlechter
FL Bar #: 965650
1645 Palm Beach Lakes Blvd., Suite 1200
West Palm Beach, FL 33401