

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M98000000857**

1. Limited Liability Company's Name

Jefferson House of Bartow, LLC
d/b/a
Savannah Court of Bartow, LLC

2. Principal Office Address

Polk County
Suite, Apt. #, etc.
290 Idlewood Avenue
City & State
Bartow, FL
Zip
33830
Country
USA

3. Mailing Office Address

1301 N. Congress Avenue
Suite, Apt. #, etc.
#130
City & State
Boynton Beach, FL
Zip
33426
Country
USA

4. State/Country of Formation

Florida, USA
5. Date Organized or Qualified
To Do Business in Florida

8-7-98

6. FEI Number

650851992

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

Pamela Waldorf, Esq.

700004587467-7

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

125 North Avenue 2200 Centinela West Drive S.

09/13/01 01071-004

****200.00 ****200.00

Suite, Apt. #, Etc.

Suite 200

City

W Palm beach

State
FL

Zip Code
33400 33409

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

Pamela Waldorf

561-687-5573

Date

8/30/01

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
MG/CM	Chuan Wang	1301 N. Congress Avenue Suite 130	Boynton Beach, FL 33426

REINSTATEMENT

00-01
dec

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

Chuan S. Wang

Date

8-29-01

Daytime Phone #

561-734-2177

Typed or printed name of signing Managing Member/Manager

Chuan S. Wang

CR2E041 (9/99)



August 28, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500


Dear Sir or Madam:

Attached is the Uniform Business Report and a check in the amount of \$200 for Jefferson House of Bartow, LLC d/b/a Savannah Court of Bartow, LLC.

We discovered that this report had not been filed when searching your website. I called the Division of Corporations and they informed me to download the form and submit it with a check for \$200 as we never received the first or second notice for this report.

If you have any questions, please call me at (561) 734-2177.

Sincerely,


Stacie Coppens

Attachments