

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

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REINSTATEMENT 2000

DOCUMENT #

MA8-1192

1. Limited Liability Company's Name

Aspen Cove Apartments, LLC

2. Principal Office Address

245 Saw Mill River Rd

Suite, Apt. #, etc.

City & State

Hawthorne, NY

Zip

10532

Country

USA

3. Mailing Office Address

245 Saw Mill River Rd

Suite, Apt. #, etc.

City & State

Hawthorne, NY

Zip

10532

Country

USA

4. State/Country of Formation

NY/USA

**5. Date Organized or Qualified
To Do Business in Florida**

10/7/98

6. FEI Number

13-4022198

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

CSC

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Deborah D. Skipper

**Deborah D. Skipper
as its agent**

Date *11-6-00*

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
MGR	Martin Ginsburg	45 Oliphant Avenue	Dobbs Ferry, NY 10522
MGR	Samuel Ginsburg	70 Law Road	Briarcliff Manor, NY 10510

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

Martin Ginsburg

Date *11/1/00*

Daytime Phone # (914) 747-3600

Typed or printed name of signing Managing Member/Manager

Martin Ginsburg

CR2E041 (9/00)