

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 NOV 25 2014

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO7000000022

1. Limited Liability Company's Name

T & R Condominiums Property Owners' Association, Inc.

CR2E041 (1/14)

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

1920 SW 20th Place

Suite, Apt. #, etc.

Bldg 100

City & State

Ocala, FL

Zip

34471

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

51-0620068

☐ 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

Ravi Chandra

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

1920 SW 20th Place

Suite, Apt. #, Etc.

Bldg 100

City

Ocala

State

FL

Zip Code

34471

800266887648
11/25/14--01002--023 **932.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Ravi Chandra

Date 11-20-14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
PSID	Tina Chandra	1920 SW 20th Place	Ocala, FL 34471

REINSTATEMENT 09-14

DEC -1 2014

L. SELLERS

11. E-mail Address: sritterhoff@surcicalspecialistsocala.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Tina Chandra

Date 11-20-14

Daytime Phone # 352 861 1500

Typed or printed name of signing Authorized Representative/Manager Tina Chandra