

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAY 15 AM 9:03

DOCUMENT # L02000015003

1. Limited Liability Company's Name

**Lake Villa One LLC**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <b>725 Crandon Blvd.</b>		3. Mailing Office Address <b>725 Crandon Blvd.</b>	
Suite, Apt. #, etc. <b>Apt. 303</b>		Suite, Apt. #, etc. <b>Apt. 303</b>	
City & State <b>Key Biscayne</b>		City & State <b>Key Biscayne</b>	
Zip <b>33149</b>	Country <b>USA</b>	Zip <b>33149</b>	Country <b>USA</b>

4. State/Country of Formation <b>Florida</b>	
5. Date Organized or Qualified To Do Business in Florida <b>06/17/2002</b>	
6. FEI Number <b>None</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name <b>Lizabeth F. Calvo</b>	
Street Address (P.O. Box Numbers Not Acceptable) <b>328 Crandon Blvd.</b>	
Suite, Apt. #, Etc. <b>Suite 226</b>	
City <b>Key Biscayne</b>	State Zip Code <b>FL 33149</b>

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *M. Allen* **Lizabeth Calvo,**  
**By M. Allen as attorney-in-fact** Date **05/15/2007**  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Adolfo Perez Borja Siegrist	725 Crandon Blvd., Apt. 303	Key Biscayne, FL 33149
MGRM	Claudia Borgio Dr Perez Borja	725 Crandon Blvd., Apt. 303	Key Biscayne, FL 33149

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05/21/07--01015--011 \*\*250.00

**REINSTATEMENT 2003-07**

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 608.405, 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 *M. Allen* Date **05/15/2007** Daytime Phone # **(561) 694-8107**  
Typed or printed name of signing Managing Member/Manager **Adolfo Perez Borja Siegrist By M. Allen as attorney-in-fact**