

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2021 MAY 07 PM 8:35

DOCUMENT # L02000015003

1. Limited Liability Company's Name  
LAKE VILLA ONE LLC

*File date as of: 5/17/21*

2. Principal Office Address - No P.O. Box # 725 CRANDON BLVD		3. Mailing Office Address 725 CRANDON BLVD	
Suite Apt # etc APT. 303		Suite Apt # etc APT 303	
City & State KEY BISCAZYNE, FL		City & State KEY BISCAZYNE, FL	
Zip 33149	Country Miami-Dade	Zip 33149	Country Miami-Dade

CR2E041 (1/14)

4. State/Country of Formation Florida
5. Date Organized or Qualified To Do Business in Florida 6/17/2002
6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status

5. Name and Address of Current Registered Agent

Name Julisse Jimenez, PA			
Street Address (P.O. Box Number is Not Acceptable) Suite 12955 Biscayne Blvd			
Apt # Etc Suite 328			
City North Miami	State FL	Zip Code 33181	

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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: *Julisse Jimenez* Date: 5/5/21  
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
MGRM	ADOLFO PEREZ BORJA SIEGRIST	725 CRANDON BLVD APT 303	Key Biscayne, FL 33149
MGRM	CLAUDIA BORGIO DR	725 CRANDON BLVD APT 303	Key Biscayne, FL 33149

**T. MOORE**  
MAY 21 2021

11. E-mail Address: jj@jjesq.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: *Julisse Jimenez* Date: 5/5/21 Daytime Phone #: 52 55 2327 8539