

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Limited Liability Company's Name

Lakeside Properties of Florida, L.L.C.

2. Principal Office Address

20 Lake Wire Drive

Suite, Apt. #, etc.

Suite 220

City & State

Lakeland, Florida

Zip

33815

Country

USA

3. Mailing Office Address

Post Office Box 3624

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33802

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

11/25/2002

6. FEI Number

571142287

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

Anupam Saxena

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

20 Lake Wire Drive

Suite, Apt. #, Etc.

Suite 220

City

Lakeland

State

FL

Zip Code

33815

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligation

ns of Chapter 608, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

2306-7-2003

**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
MGMR	Anupam Saxena	2165 Emerald Ridge Drive	Lakeland, Florida 33813

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

*[Signature]*  
ANUPAM SAXENA

Date

2306-7-2003

Daytime Phone #

863-644.8300

Typed or printed name of signing Managing Member/Manager

ANUPAM SAXENA

CR2041 (10/02)