

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -9 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000034713

1. Limited Liability Company's Name

PRIDE HOMES OF LAKES BY THE BAY - PARCEL J, L.L.C.

500171666095
03/09/10--01022--019 **516.25
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 12448 S.W. 127th AVE.		3. Mailing Office Address 12448 S.W. 127th Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33186	Country USA	Zip 33186	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 09/12/2003	
6. FEI Number 200269286	Applied For Not Applicable
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
PAUL H. KUPFER

Street Address (P.O. Box Number is Not Acceptable)
5541 University Drive

Suite, Apt. #, Etc.
103

City
Coral Springs

State
FL

Zip Code
33067

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 _____ Date **3/7/10**

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	CARLOS GARCIA	12448 S.W. 127th Ave.	Miami, FL 33186
MGR	MARTHA FERNANDEZ	12448 S.W. 127th Ave.	Miami, FL 33186
MGR	OMAR FONTE	12448 S.W. 127th Ave.	Miami, FL 33186
REINSTATEMENT 08, 09, 10			

11. E-mail Address: _____
(To be used for future annual report notification(s))

12. 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 _____ Date **3/4/10** Daytime Phone **(305) 969-2000**

Typed or printed name of signing Managing Member/Manager **Manager**