

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG -5 AM 10:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L04000072938

1. Limited Liability Company's Name

LAO, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 1010 AQUA LANE Suite, Apt. #, etc.		3. Mailing Office Address 3801 PGA BOULEVARD Suite, Apt. #, etc. SUITE 604	
City & State FT. MYERS, FLORIDA		City & State PALM BEACH GARDENS, FL	
Zip 33919	Country USA	Zip 33410	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 10/07/2004	
6. FEI Number 203926964	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 MICHAEL S. SINGER, ESQ.		
Street Address (P.O. Box Number is Not Acceptable) 3801 PGA BOULEVARD		
Suite, Apt. #, Etc. SUITE 604		
City PALM BEACH GARDENS	State FL	Zip Code 33410

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 [Signature] Date 4/21/08
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
MGMR	JAMES L. OTIS	1010 AQUA LANE	FT. MYERS, FLORIDA 33919

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REINSTATEMENT

06-08

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] Date 4/16/08 Daytime Phone # (239) 768-2272

Typed or printed name of signing Managing Member/Manager JAMES L. OTIS