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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000003860

1. Corporation Name

LAKERIDGE MANAGEMENT, INC.

2. Principal Office Address

55 Pine Lake Drive

Suite, Apt. #, etc.

City & State

Atlanta, GA

Zip

30327

Country

USA

3. Mailing Office Address

55 Pine Lake Drive

Suite, Apt. #, etc.

City & State

Atlanta, GA

Zip

30327

Country

USA

REINSTATEMENT 03-044. Date Incorporated or Qualified
To Do Business in Florida

7/29/2002

5. FEI Number

58-2574500

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent**PETER F. SOUZA**
ASSISTANT SECRETARY

Date

12/30/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
SAD	See attached addendum (SAD)	SAD	SAD

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRUCE TITTY, VP.

DEC 12, 03

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CP2E081 (10/02)

**ADDENDUM TO APPLICATION FOR REINSTATEMENT OF
LAKERIDGE MANAGEMENT, INC.
DOCUMENT # F02000003860**

Box 9

Names and Street Addresses of Each Officer and/or Director

<u>Titles</u>	<u>Names of Officers and Directors</u>	<u>Street Address of each Officer and/or Director</u>	<u>City/State/Zip</u>
D	Moll, Hans	Lindwurmstrasse 129A	80337 Munchen, West Germany
DV	Nussbaumer, Helmut	Lindwurmstrasse 129A	80337 Munchen, West Germany
P	Werz, Georg Von	TMW Immobilien Gruppe Wittelsbacher Platz	80333 Munchen, West Germany
V	Timm, Bruce	TMW Immobilien Gruppe Wittelsbacher Platz	80333 Munchen, West Germany
S	Muething, Robert J. Esq.	600 Peachtree Street N.E. Suite 4100	Atlanta, GA 30308