PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 APR 8 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000003860

1. Corporation Name
Lakeridge Management, Inc

REINSTATEMENT 05-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
100 A Drake's Landing, Suite 100	100 A Drake's Landing, Suite 100
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Greenbrae, CA	City & State: Greenbrae, CA
Zip: 94909 Country: USA	Zip: 94909 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/29/2002

5. FEI Number: ☐ 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 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

☐ The 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 reinstatement fee be waived.

8. I being appointed the registered agent of the above named corporation hereby accept the designation pursuant to section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [redacted] REGISTERED AGENT MUST SIGN Date: 4/4/08

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
D	Moll, Hans	Lindwurmstrasse 129 A	80337 Munchen, Germany
DV	Mussbaumer, Helmut	Lindwurmstrasse 129 A	80337 Munchen, Germany
P	Werz, George Von	TMW Immobilien Gruppe Wittelsbacher	80333 Munchen, Germany
V	Timm, Bruce	As above Platz	80333 Munchen, Germany
S	Muething, Robert, J. Esq.	600 Peachtree St, NE Suite 4100	Atlanta, GA 30308

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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] Bruce Timm 04/09/2008 4989360357241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 4/10

Florida Department of State

Division of Corporations
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Account Number : FCA000000023
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Fax Number : (850)878-5926

RE-SUBMIT
Please retain original for date of submission 4/8/08

CORPORATION REINSTATEMENT

LAKERIDGE MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,200.00

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