

LOS000018739

Division of Corporations

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LOWMEES, DEODICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
Fax Number : (407)843-4444

Att: Tami Passley

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
LAKE JESSUP MITIGATION, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$635.00

\$635.00

*Note - Please write the \$100 reinstatement fee
Please obtain 12-1-09 effective date*

Electronic Filing Menu

Corporate Filing Menu

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<https://efile.sumbiz.org/scripts/efilcovr.exe>

DEC 15 2009 12/11/2009

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 14 AM 8:43

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

09 DEC 14 AM 8:43

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000018739			
1. Limited Liability Company's Name Lake Jessup Mitigation, LLC			
2. Principal Office Address - No P.O. Box # 1511 East S.R. 434		3. Mailing Office Address 1511 East S.R. 434	
Suite, Apt. #, etc. Unit 1025		Suite, Apt. #, etc. Unit 1025	
City & State Winter Springs, FL		City & State Winter Springs, FL 32708	
Zip 32708	Country US	Zip 32708	Country US
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 2/23/2005	
6. FEI Number NONE		☐ Applied For ☒ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒		\$5.00 Annual Fee required for Certificate of Status	
8. Name and Address of Current Registered Agent			
Name PATRICK K. RINKA			
Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE			
Suite, Apt. #, Etc. 			
City ORLANDO		State FL	Zip Code 32801
☒ 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 <u><i>Patrick K. Rinka</i></u> Date <u>12-10-09</u> 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
MGRM	Barbara Corkery	1511 East S.R. 434, Unit 1025	Winter Springs, FL 32708
MGRM	Alan V. Ytterberg	1301 McKinley, Suite 5100	Houston, Texas 77010-3095
MGRM	Peter C. Taaffe	1301 McKinley, Suite 5100	Houston, Texas 77010-3095
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 <u><i>Bh. Cj</i></u> Date <u>12/10/2009</u> Daytime Phone # <u>407-418-6273</u> Typed or printed name of signing Managing Member/Manager <u>Barbara Corkery</u>			

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