

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L11000096645
Lavaya Properties LLC

2. Principal Office Address - No P.O. Box #

501 Broughton Street

Suite, Apt. #, etc.

City & State

Vancouver BC

Zip

V6G3K-1

Country

Canada

3. Mailing Office Address

501 Broughton Street

Suite, Apt. #, etc.

City & State

Vancouver BC

Zip

V6G3K-1

Country

Canada

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/23/2011

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

William B. Roark

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

2765 Leon Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32246

E-mail Address:

400254322424
12/02/13--01049--004 **288.75

mjacobs@bj-law.com

(To be used for future annual report notices)

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

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	Nelson Szeto	501 Broughton Street	Vancouver BC V6G3K-1

REINSTATEMENT

13

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date 12/11/2013 Daytime Phone #

Typed or printed name of signing Managing Member/Manager Nelson Szeto