

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -8 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733935

1. Limited Liability Company's Name

SHADOW LAKE CONDOMINIUM

500171548455
03/09/10--01001--008 **100.00

CR2E041 (11/09)

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

121-131 CARIBBEAN ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 5201

Suite, Apt. #, etc.

City & State

DELTONA, FL.

Zip

32725

Country

Volusia

City & State

DELTONA FL

Zip

32725

Country

Volusia

4. State/Country of Formation

FL./Volusia

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

733935

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

ANN GAYLE

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

131 CARIBBEAN ST. # 5B

Suite, Apt. #, Etc.

City

DELTONA

State

FL

Zip Code

32725

☐ 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]

REGISTERED AGENT MUST SIGN

Date 02/16/10

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
PRES	EVERETT BEEMER	05/10/10 131 CARIBBEAN ST #3A MAY/SEPT 1209 WOODMEADOW	DELTONA FL 32725 LANSING, MI. 48917
VICE PRES	ANN GAYLE	131 CARIBBEAN ST # 5B	DELTONA, FL. 32725
SEC.	KATHI SEDGWICK	131 CARIBBEAN ST # 7B	DELTONA, FL. 32725
TRES	RICHARD HICKS	JAN/APR. 131 CARIBBEAN ST #8B MAY/DEC 71125 TREEHEDGEWAY	DELTONA FL 32725 LANSING, MI. 48917

11. E-mail Address:

~~DE~~ DWH19420.SBC@GLOBAL.NET

(To be used for future annual report notifications)

12. 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 FEB 16

Daytime Phone #

FL. 386-5747948

Typed or printed name of signing Managing Member/Manager

RICHARD L. HICKS TRES.

MICH 517-323-3557