

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV 17 AM 9:40

**DOCUMENT #**

1. Limited Liability Company's Name

LAKEWORTH DEVELOPERS, LLC

1796  
L00000001786

2. Principal Office Address

101 PLAZA REAL SOUTH

3. Mailing Office Address

101 PLAZA REAL SOUTH

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

02/15/2000

6. FEI Number

65-0995772

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

JOE CAROSELLA

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

101 PLAZA REAL SOUTH

Suite, Apt. #, Etc.

SUITE 200

City

BOCA RATON, FL

State

FL

Zip Code

33432

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

*Joe Carosella*

REGISTERED AGENT MUST SIGN

Date 11/11/2005

**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	JOE CAROSELLA	101 PLAZA REAL SOUTH, #200	BOCA RATON, FL
		REINSTATEMENT	03-05

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

*Joe Carosella*

Date 11/11/2005

Daytime Phone # 561-961-1732

Typed or printed name of signing Managing Member/Manager JOE CAROSELLA, MANAGING MEMBER