

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAR 26 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L00000001980**

**1. Limited Liability Company's Name**

LSQ II, LLC

**2. Principal Office Address**

1403 WEST COLONIAL DR.

Suite, Apt. #, etc.

SUITE B

City & State

ORLANDO, FL

Zip

32804

Country

**3. Mailing Office Address**

1403 WEST COLONIAL DR.

Suite, Apt. #, etc.

SUITE B

City & State

ORLANDO, FL

Zip

32804

Country

**4. State/Country of Formation**

**5. Date Organized or Qualified  
To Do Business in Florida**

**6. FEI Number** 59-3633371

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

F & L CORP.

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

200 LAURA STREET

Suite, Apt. #, Etc.

THE GREENLEAF BUILDING

City

JACKSONVILLE

State

FL

Zip Code

32202

**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

REGISTERED AGENT MUST SIGN

Date 3/26/04

**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
P	ELISCU, A. MAXWELL	253 EAST WEBSTER AVE	WINTER PARK, FL 32789
			200032019672 04/07/04--01006--004 **50.00

**REINSTATEMENT 2003-2004**

**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

Date 3/23/04

Daytime Phone # 407-206-0022

Typed or printed name of signing Managing Member/Manager