PLEASE READ	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.	
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # L OC 1. Limited Liability Company's Name LAKES AT WESTL	-AND, LLC	01 DEC 18 AM 10: 18	
2. Principal Office Address 15828 South 35th Way Suite, Apt. #, etc.	3. Mailing Office Address 15828 South 35th Way Suite, Apt. #, etc. City & State DL State	4. State/Country of Formation FL/USA 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number Applied For	
Phoenix AZ Zip 85048 USA	-Zip SS048 USA	6. FEI Number Applied For SG-0781257 Not Applicable CERTIFICATE OF STATUS DESIRED S00 Additional Representation Gradeautilization of Status	
8. Name and Address of Current Registered Agent			
Name James R. Young 0000047345202 Street Address (P.O. Box Number is Not Acceptable) 12/20/0101044023 9471 Bay meadows Road Suite, Apt. #, Etc. Suite, Apt. #, Etc. Suite, 403			
City Jack	sonville	State Zip Code FL 32256	
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			
10. Names and Street Addresses of Managing Members/Managers Titles Name of Street Address of Each		ch	
Managing Members/ Mana	gers Managing Member/Man	hager City / State / Zip	
MGRM Markstopp, Naef Development Finc 15828 South 35th Way Phoenix, AZ-85048			
DEINOT		Rein 100 UBR 50 150 mc	
REINSTATEMENT <u>3001</u>			
11. I cartify 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 film use 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 in film under outh. Signature of Signature of			
Managing Member/Manager Date DateD			
11. I cartify 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 filling 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 in five 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			