

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 DEC -7 AM 9:47

DOCUMENT # L00000008311

1. Limited Liability Company's Name

LAKE MARY SUMMIT AT LAKE EMMA, LLC

2. Principal Office Address

14 EAST WASHINGTON STREET

3. Mailing Office Address

14 EAST WASHINGTON STREET

Suite, Apt. #, etc.

SUITE 406

Suite, Apt. #, etc.

SUITE 406

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32801

Country

ORANGE

Zip

32801

Country

ORANGE

CR2E041 (8/05)

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

JULY 14, 2000

6. FEI Number
593549765

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

TOM GARO

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

14 EAST WASHINGTON STREET

Suite, Apt. #, Etc.

SUITE 406

City

ORLANDO

State
FL

Zip Code
32801

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

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
MGR	THOMAS C. GARO	14 EAST WASHINGTON STREET, SUITE 406	ORLANDO, FLORIDA 32801

REINSTATEMENT 02-05

700062485827
12/28/05--01011--002 **\$05.00

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

12/6/2005

Daytime Phone# 407-420-2006

Typed or printed name of signing Managing Member/Manager

THOMAS C. GARO, Manager