

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

2001

FILED

01 OCT 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000008675

1. Limited Liability Company's Name

Von Bulow at Lakewood, LLC

2. Principal Office Address

2275 East Moody Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

2275 East Moody Blvd

Suite, Apt. #, etc.

4. State/Country of Formation

Florida, USA

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

January, 2001

6. FEI Number

☒

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

City & State

Bunnell, FL 32110

City & State

Bunnell, FL 32110

Zip

32110

Country

USA

Zip

32110

Country

USA

8. Name and Address of Current Registered Agent

Name

Leonard J. Fries

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

2275 East Moody Blvd

Suite, Apt. #, Etc.

City

Bunnell, FL

State

FL

Zip Code

32110

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**

Leonard J. Fries

Date 10/15/01

REGISTERED AGENT MUST SIGN

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	Leonard J. Fries	2275 East Moody Blvd	Bunnell, FL 32110

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 10/15/01 **Daytime Phone #** 386-437-3787

Typed or printed name of signing Managing Member/Manager Leonard J. Fries