PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	Se	DEPARTMEN ecretary of Ston of Corpor			F11_(ET) 08 JAN 10 PH 1:50	
DOCUMENT # L DOOOOOO 10 203 1. Limited Liability Company's Name				SECRETARY L. GIATE TALLAHASSEELI LORIDA		
LAKEVIEW of Hillsboro, L.L.C.						
2. Principal Office Address - No P.O. Box # 3. Mailing Of		ffice Address		- CR2E041 (1/07)		
125 N. Congress Ave 125/		N. Congress Ave		4. State/Country of Formation		
Suite, Apt.,#, etc. Suite, Apt.,#,		etc.		F. Date Organized or Cuplified		
Suites 1+2 Sites		(+2	42	5. Date Organized or Qualified To Do Business in Florida Of 14/2000		
City & State De (Vay De City & State Beach, FL By		Delvag EN Ber		6. FEI Numbe	Applied For Not Applicable	
33444 Country Y. S. A.	3344	Count (S. A.	7. CERTIFICATE	OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent						
Name Juhn Spadavecchia			A \$100 reinstatem		reinstatement fee is imposed, except	
Street Address (P.O. Box Number is Not Acceptable) 1.1.5 N. Cinnarcss Auc			in circumstances which the entity did no receive the prior notices. By checking this box, you are certifying the prior notices were			
Suite, Apt. #, Etc.				not received and requesting the \$100		
City Button Banch De	State FL	Zip Code 33-1-4-4	reinstatement be waived.			
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 MUST SIGN					Date 12/26/67	
10. Names and Street Addresses of Managing Members/Managers						
Titles Name of Managing Members/Manag	ers	Street Address of Each Managing Member/Manage			City / State / Zip	
MERM John Spadauerchia		125 N. Congress A		Ave	Beach, FC 33444	
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REINSTATEMENT 06-07						
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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 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 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 Jahl Manager To HN SPADAUERCHAA Typed or printed name of signing Managing Member/Manager TO HN SPADAUERCHAA						
Typed or printed name of signing Managing Member/Manager TOHW SPADAUCCE 4.A						