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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2003 JAN 30 PM 3:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L01000003957

1. Limited Liability Company's Name
LAKE OSPREY HOLDINGS, LLC

2. Principal Office Address	3. Mailing Office Address
6751 PROFESSIONAL PKWY WEST	6751 PROFESSIONAL PKWY WEST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34240 Country: US	Zip: 34240 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business In Florida: 3/14/2001

6. FEI Number: 65-1091424 ☐ 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: BENJAMIN, ROBERT W.

Street Address (P.O. Box Number is Not Acceptable): 200 SOUTH ORANGE AVENUE

Suite, Apt. #, Etc.:

City: SARASOTA State: FL Zip Code: 34236

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: Robert W Benjamin Date: 1/30/2003

REGISTERED AGENT MUST SIGN

CR2E041 (1/01)

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
MGRM	MILES, ROGER W.	6751 PROFESSIONAL PKWY WEST	SARASOTA, FL 34240
		REINSTATEMENT	2002

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: Roger W Miles Date: 1/30/2003 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: ROGER W. MILES

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, P.A.
Account Number : 072720000266
Phone : (941)366-4800
Fax Number : (941)366-5109

LIMITED LIABILITY REINSTATEMENT

LAKE OSPREY HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$200.00

J. BRYAN JAN 30 2003