

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 14 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000004440

Name and Mailing Address

0006666 01 FP 0.352 **PR5RT TO 0 0615 33862-094848



LAKE PLACID FOLIAGE LLC
PO BOX 948
LAKE PLACID FL 33862-0948

REINSTATEMENT 2002

CR2E034 (8/02)

2. New Mailing Address Post Office Box 2950 City, State, Zip Lake Placid, FL 33862		4. State/Country of Formation FL	
Principal Place of Business 411 STATE ROAD 70 EAST LAKE PLACID FL 33852		3. New Principal Place of Business Address 411 State Road 70 East City, State, Zip Lake Placid, FL 33852	
6. FEI Number 65-1106243		5. Date Organized or Qualified To Do Business in Florida 03/22/2001	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
8. Name and Address of Current Registered Agent HARRIS, BERT SWAINE, HARRIS, SHEEHAN PA 425 SOUTH COMMERCE AVENUE SEBRING FL 33870		9. Name and Address of New Registered Agent Name Harold Lindau MGRM Street Address (P.O. Box Number is Not Acceptable) 411 State Road 70 East City Lake Placid FL Zip Code 33852	
10. 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 <i>[Signature]</i> Date 10/28/02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Owner	MGRM Harold Lindau	411 State Road 70 East	Lake Placid, FL 33852
12. 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 <i>[Signature]</i> Date 10/28/02 Daytime Phone # 863-699-0084 Harold Lindau MGRM			