L01000004497

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000004497

1. Limited Liability Company's Name

Estates of Lake Toho, LC

03

2. Principal Office Address	3. Mailing Office Address
1597 S.E. Port St. Lucie Blvd.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, FL	City & State
Zip: 34952 Country: U.S.	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: March 19, 2001

6. FEI Number: 59-3719034 ☐ 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: Berry J. Walker, Esq.

Street Address (P.O. Box Number is Not Acceptable): 153 Maitland Center Commons

Suite, Apt. #, Etc.: Second Floor

City: Maitland State: FL Zip Code: 32751

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 _____ Date 7/22/04

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	Eliazer Morginstin	88 Sunnyside Blvd., Ste 201	Plainview, NY 11803
Mgr	Martin Schaffer	1597 S.E. Port St. Lucie Blvd.	Port St. Lucie, FL 34942

REINSTATEMENT 2003-2004

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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 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 7/20/04 Daytime Phone # 772-337-5080

Typed or printed name of signing Managing Member/Manager Martin Schaffer

CSC.
CORPORATION SERVICE COMPANY

L 01000004491

ACCOUNT NO. : 072100000032

REFERENCE : 817185 96916A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 200.00

ORDER DATE : July 22, 2004

ORDER TIME : 10:32 AM

ORDER NO. : 817185-010

CUSTOMER NO: 96916A

CUSTOMER: Ms. Roxanne R. Davis
Higley & Barfield
P. O. Box 151629

Altamonte Sprin, FL 32715-1629

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DOMESTIC FILINGS

NAME: ESTATES OF LAKE TOHO, LC

XX REINSTATEMENT

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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____