L01000005032

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 14 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200060836122

DOCUMENT # L01000005032

1. Limited Liability Company's Name

Lakes Kingdom II LLC

2. Principal Office Address	3. Mailing Office Address
14395 SW 139 ct	14395 SW 139 ct
Suite, Apt. #, etc. #101	Suite, Apt. #, etc. #101
City & State Miami, FL	City & State Miami, FL
Zip 33186 Country US	Zip 33186 Country US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 4/2/2001

6. FEI Number: ☐ 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: Victor F. Scijas

Street Address (P.O. Box Number Is Not Acceptable): 14395 SW 139 Ct

Suite, Apt. #, Etc.: #101

City: Miami State: FL Zip Code: 33186

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: 10/14/05

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGM	Victor F. Scijas	14395 SW 139 ct #101	Miami, FL 33186
	REINSTATEMENT 2002-2005		

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: 10/14/05 Daytime Phone#: 378-0123

Typed or printed name of signing Managing Member/Manager: _____

L01000005032

CORPORATION SERVICE COMPANY®

FILED
05 OCT 14 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 652548 7498051

AUTHORIZATION : Patricia Pyzik

COST LIMIT : $ 300.00

ORDER DATE : October 14, 2005

ORDER TIME : 12:17 PM

ORDER NO. : 652548-005

CUSTOMER NO: 7498051

DOMESTIC FILINGS

RECEIVED
05 OCT 14 PM 1:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: LAKES KINGDOM II LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS _____