


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 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000005107

1. Limited Liability Company's Name
Lakes Kingdom IV LLC
02

PKL

2. Principal Office Address <u>14395 SW 139 Ct</u> Suite, Apt. #, etc. <u># 101</u> City & State <u>MIAMI, FL</u> Zip <u>33186</u> Country <u>US</u>		3. Mailing Office Address <u>14395 SW 139 Ct</u> Suite, Apt. #, etc. <u># 101</u> City & State <u>MIAMI, FL</u> Zip <u>33186</u> Country <u>US</u>	
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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. SEIJAS

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 [Signature] Date 10/14/05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MEM</u> <u>Mgr</u>	<u>VICTOR F. SEIJAS</u>	<u>14395 SW 139 Ct #101</u>	<u>MIAMI, FL 33186</u>

REINSTATEMENT 2002-2005 600060623966

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 [Signature] Date 10/14/05 Daytime Phone # 378-0123

Typed or printed name of signing Managing Member/Manager _____

CFR2041 (10/02)



CORPORATION SERVICE COMPANY

L01000005107

ACCOUNT NO. : 072100000032

REFERENCE : 652548 7498051

AUTHORIZATION

Patricia Pujols

COST LIMIT : \$ 300.00

FILED
05 OCT 14 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 14, 2005

ORDER TIME : 12:18 PM

ORDER NO. : 652548-015

CUSTOMER NO: 7498051

DOMESTIC FILINGS

NAME: LAKES KINGDOM IV LLC

MP

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

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 _____