PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR 11 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L01000015606

1. Limited Liability Company's Name

South Lake Trail, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
452 Brazilian Avenue		400 Royal Palm Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		304	
City & State		City & State	
Palm Beach, FL		Palm Beach, FL	
Zip	Country	Zip	Country
33480	USA	33480	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 9/12/2001

6. FEI Number: 65-1137129 ☐ 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: Robert G. Simses

Street Address (P.O. Box Number is Not Acceptable): 400 Royal Palm Way

Suite, Apt. #, Etc.: 304

City: Palm Beach | State: FL | Zip Code: 33480

☐ A $100 reinstatement fee is impoeed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 G. Simses — REGISTERED AGENT MUST SIGN — Date: 4/5/2007

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	Richard E. Segerson	452 Brazilian Avenue	Palm Beach, FL 33480
			900097216079 04/17/07--01035--024 **255.00

REINSTATEMENT 05-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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: 4/5/07 Daytime Phone #: 561/835-1313

Typed or printed name of signing Managing Member/Manager: RICHARD E. SEGERSON