L01000017161

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 24 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/24/03--01052--009 **200.00

DOCUMENT #

1. Limited Liability Company's Name L01000017161
LAKE DAVIS VILLAS, LLC.

2. Principal Office Address	3. Mailing Office Address
431 E. CENTRAL BLVD	1770 FAIRVIEW SHORES DRIVE
Suite, Apt. #, etc. SUITE C.	Suite, Apt. #, etc.
City & State ORLANDO, FL.	City & State ORLANDO, FL.
Zip 32801 Country USA	Zip 32804 Country USA

4. State/Country of Formation FL / USA
5. Date Organized or Qualified To Do Business in Florida 10-01-01
6. FEI Number NONE ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Name MICHAEL WALDIN
Street Address (P.O. Box Number is Not Acceptable) 431 E. CENTRAL BLVD.
Suite, Apt. #, Etc. SUITE C
City ORLANDO State FL Zip Code 32801

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 3-17-03
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
PRES	MICHAEL WALDIN	431 E. CENTRAL BLVD	ORLANDO, FL. 32801
		REINSTATEMENT 03 03	
			dcc

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 608.408, 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 3-17-03 Daytime Phone # 407-209-4560

Typed or printed name of signing Managing Member/Manager