

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
RESTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000019306

Name and Mailing Address

02 NOV 14 PM 3: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0010697 01 FP 0.352 \*\*PRSR HO 0 0615 34952-554580

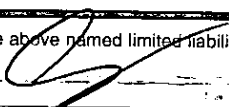
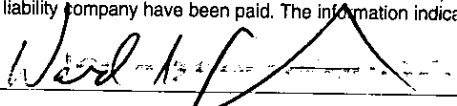


LAKES PLAZA, LLC

1880 SE PORT ST. LUCIE BLVD.

PORT ST. LUCIE FL 34952-5545



<b>2. New Mailing Address</b> 1100 SW St. Lucie West Blvd #208 City, State, Zip Port St. Lucie, FL 34986		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 1880 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952		<b>5. Date Organized or Qualified To Do Business in Florida</b> 11/05/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 65-1158937 Applied For Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> NAVARETTA, STEPHEN 1100 SW ST. LUCIE WEST BLVD., STE. 203 PORT ST. LUCIE FL 34986		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 900008717169 10/31/02--01014--005 **150.00 City FL Zip Code			
<b>10. 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.</b> Signature of Registered Agent  Date 10/25/02 REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	WARD Snyder	16 Herons Nest	Stuart, FL
MGRM	Leonard Snyder	16 Herons Nest	Stuart, FL
MGRM	Jay Keller	2640 SW RiverShores Drive	Pt. St. Lucie, FL 34984
		AL1	REINSTATEMENT 2002
<b>12. 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.</b>			
Signature of Managing Member/Manager 		Date 10-25-02 Daytime Phone # 772-340-4096	
Typed or printed name of signing Managing Member/Manager			