PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 21 AM 9: 11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

DOCUMENT # L0200002388

1. Limited Liability Company's Name

Lake + Associates CPAs LLC

700027361747
01/21/04--01084--004 **200.00

2. Principal Office Address

3295 NW 53RD Circle

Suite, Apt. #, etc.

City & State

Boca Raton   FL

Zip	Country
33496	USA

3. Mailing Office Address

1905 Wright Blvd

Suite, Apt. #, etc.

City & State

Schaumburg   IL

Zip	Country
60193	USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida   1/31/2002

6. FEI Number   30-0039532

	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   Jay Lake

Street Address (P.O. Box Number is Not Acceptable)

3295 NW 53 RD Circle

Suite, Apt. #, Etc.

City   Boca Raton

State	Zip Code
FL	33496

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 _____

REGISTERED AGENT MUST SIGN

Date   1/15/04

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
MGRM	Jay Lake	3295 NW 53RD Circle	Boca Raton FL 33496
MGRM	Kathleen Feliz	1905 Wright Blvd	Schaumburg IL 60193
		REINSTATEMENT 2003 2004	

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 1/15/04   Daytime Phone # 866 982-9874

Typed or printed name of signing Managing Member/Manager   Jay Lake