		PLEA E READ	ALVS	RUC'IC IS PARORI	ECMPLET	NC TI	SFD, I.	7		
	ELL (B OMPAN' STATEM	Y	s	DEPLIMEN C STAT Secretary of State SION OF CORPORATIONS	S	ECR EN	FO SATE CORPORATION			
	JMENT Liability Comp		7897		1	, p. P== 1	'			
Lake	Park	Realty Asso	ciates,							
REIN	STA	LEMENT	2003_	2004				,		
2. Principal	I Office Addre		3. Mailing Of							
		verdale Ave				4. State/Country of Formation Florida				
Suite, Apt. #	t, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		5. Date Organized or Qualified				
City & State			City & State	City & State			^{ta} 04/03	/2002 Applied For	_	
	dale,	NY	7:	Country	6. FEI Numbe	" '		Not Applicable	le	
zip 10471		Country USA -	Zip	Country	7. CERTIFICATE	OF STATUS [DESIRED S5.00 for a	Additional Fee require Certificate of Status	red S	
			8. N	ame and Address of Current Reç	gistered Agent					
	Name Howa	ard B. Nadel	L							
	Street Address (P.O. Box Number is Not Acceptable) 800 Corporate Drive									
	Suite, Apt. #, Etc.					<u></u>				
	City	te 420	-	<u></u>	···		Zip Code			
<u> </u>		Lauderdale				FL	33334		– 8	
9. I, being appointed the registered agent of the above name of line above name of line liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date REGISTERED AGENT MUST SIGN									 CR2E041 (10/02)	
10. Name	es and Street	Addresses of Managing M	embers/Managers						1	
Titles		Name of Managing Members/Mana	igers	Street Address of Managing Member/			City / State /	'Zip		
Mgr.	Berna	ard Gimbel		5296 Boca Mar South	ina Circle	Boca	Raton,	FL 33487		
					6000	2540	10576			
		_ _		003	12/15/	12 01	$n(a \ nA)$	450		
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			/						4	
11.1 certify that I am managing member hanager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling 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 Daytime Phone# 888-267-8260										
Typed or printed name of signing Managing Member/Manager Bernard Gimbel, Manager										