

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000020695

1. Limited Liability Company's Name

Westlake Properties LLC

2. Principal Office Address - No P.O. Box #

560 N.E. 131st Lane

Suite, Apt. #, etc.

City & State

Okeechobee, FL

Zip

34972

Country

U.S.

3. Mailing Office Address

2510 Canterbury Road

Suite, Apt. #, etc.

City & State

Westlake, OH

Zip

44145

Country

U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/13/2002

6. FEI Number

20-0001353

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

E-mail Address:

500237146735
07/05/12--01030--018 **\$55.00

dhille@cabbage-inc.com

(To be used for future annual report notices)

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

Joyce Gilbert, Asst. Secretary

Date

6-1-12

REGISTERED AGENT MUST SIGN

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	David E. Hille	2510 Canterbury Road	Westlake, OH 44145

JB

REINSTATEMENT

2009-12

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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

David E. Hille

Date

6/14/12

Daytime Phone #

Typed or printed name of signing Managing Member/Manager David E. Hille

Daniel C. Urban

Attorney at Law

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282
WHP
WICKENS • HERZER • PANZA • COOK • BATISTA

June 27, 2012

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2012 JUL 10 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Westlake Properties LLC

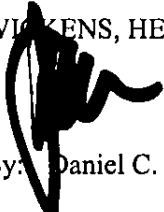
Dear Sir or Madam:

Enclosed please find the Limited Liability Company Reinstatement form which we are filing on behalf of our client, Westlake Properties LLC. Also enclosed is a check in the amount of \$655.00 as the requisite filing fee in this regard.

If you have any questions or comments in regard to this matter, please don't hesitate to call me at your convenience.

Very truly yours,

WICKENS, HERZER, PANZA, COOK & BATISTA CO.

By:  Daniel C. Urban

DCU/MGM/acs
Enclosures