

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:40

1. DOCUMENT # L02000026059

Name and Mailing Address

0005433 01 AT 0.292 **AUTO T2 1 0615 33069-433558



TREASURE LAKE, L.L.C.
1180 SOUTH POWERLINE ROAD, #208
POMPANO BEACH FL 33069-4335

100025265524
12/08/03-01003-029 **155.00



2. New Mailing Address

1134 So. Powerline Rd.

City, State, Zip

Pompano Beach, FL 33069-4335

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/02/2002

Principal Place of Business

1180 SOUTH POWERLINE ROAD,
POMPANO BEACH FL 33069

3. New Principal Place of Business Address

#208 1134 S. Powerline Rd

City, State, Zip

Pompano Beach, FL 33069

6. FEI Number

42-1552681

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

STEPHENSON, DWIGHT
1180 SOUTH POWERLINE ROAD, #208
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

Signature of
Registered Agent

DH Stephenson
SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Fidel Mendiguren	930 So. Ocean Blvd	Delray Beach, FL 33483
MGRM	Dwight Stephenson	4785 Tree Fern Dr.	Delray Beach, FL 33445

REINSTATEMENT

03-01-03
dec

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.

Signature of
Managing Member/Manager

Fidel Mendiguren
SIGNATURE REQUIRED

Date 12/4/03

Daytime Phone # 954 971 1606

Typed or printed name of signing Managing Member/Manager

Fidel Mendiguren

CR2E034 (7/03)