

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000031585

Name and Mailing Address

0008760 01 AT 0.292 **AUTO T2 0 0615 33325-121441



CARLAKE SERVICES, LLC
14141 APPALACHIAN TRAIL
DAVIE FL 33325-1214

03 DEC 17 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/22/2002	
Principal Place of Business 14141 APPALACHIAN TRAIL DAVIE FL 33325	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent FILINGS, INC. 3732 NORTHWEST 16TH STREET FORT LAUDERDALE FL 33311	9. Name and Address of New Registered Agent Name: DIANA LAKE Street Address (P.O. Box Number is Not Acceptable): 14141 Appalachian Trail City: Davie FL Zip Code: 33325
--	--

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: [Signature] **SIGNATURE REQUIRED** Date: 12/15/03
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	LAKE, DIANA L	14141 APPALACHIAN TRAIL	DAVIE FL 33325
MGRM	CARLANTONIO, JOHN J	3245 SW 2ND COURT	DEERFIELD BEACH FL 33442
600024528316 12/17/03--01061--030 **150.00			
REINSTATEMENT <u>2003</u> THOMAS			

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: [Signature] **SIGNATURE REQUIRED** Date: 12/15/03 Daytime Phone #: 786 428 8888
Typed or printed name of signing Managing Member/Manager: DIANA LAKE