

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000031243

1. Limited Liability Company's Name

East Lake, LLC

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

161 West Reading Way

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Office Address

161 West Reading Way

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32789

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida **2003**

6. FEI Number

562375634

☐ 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

Charles R Harrison

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

1413 Trovillian Avenue

Suite, Apt. #, Etc.

City

Winter Park,

State

FL

Zip Code

32789

E-mail Address:

curt@coganddevelopment.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

Charles Harrison

Date

4.5.2012

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	Curtiss E. Cogan	161 West Reading Way	Winter Park, FL 32789

REINSTATEMENT

2010-2012

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

Signature of Managing
Member/Manager

Curtiss E. Cogan

Date April 5, 2012

Daytime Phone # **502-417-0045**

Typed or printed name of signing Managing Member/Manager **Curtiss E. Cogan**