

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 16, 2007 8:00 A.M.
Secretary of State

DOCUMENT # L03000040625

1. Limited Liability Company's Name

LAKE WINTERSET, L.L.C.

CR2E041 (8/05)

2. Principal Office Address
7760 Thompson Nursery Road

Suite, Apt. #, etc.

City & State

Winter Haven, Florida

Zip
33884

Country
USA

3. Mailing Office Address
3820 Thompson Nursery Road

Suite, Apt. #, etc.

City & State

Winter Haven, Florida

Zip
33884

Country
USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

10/23/2003

6. FEI Number

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

Alan S. Gassman

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

1245 Court Street

Suite, Apt. #, Etc.

Suite 102

City

Clearwater

State

FL

Zip Code

33756

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

Date 2/14/07

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	MARK W. SHABLA	7760 Thompson Nursery Road	Winter Haven, FL 33884
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---	---	REINSTATEMENT 05-07	
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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.

Signature of
Managing Member/Manager

Date

1 20 7

Daytime Phone #

863 412 6445

Typed or printed name of signing Managing Member/Manager

Mark W. Shabla, Managing Member