

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -2 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000040625

1. Limited Liability Company's Name

LAKE WINTERSET, L.L.C.

100181628581
06/02/10--01033--006 **416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
7760 Thompson Nursery Rd

3. Mailing Office Address
3820 Thompson Nursery Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Lake Wales, FL

Zip

33884

Country

Zip

33859

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

10/23/03

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

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

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
MGR	Lauren Oakley	250 Avenue K Southwest, Suite 100	Winter Haven, FL 33880

REINSTATEMENT 08-10

11. E-mail Address:

(To be used for future annual report notifications)

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 filling 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

Lauren Oakley

Date

5-24-10

Daytime Phone #

863-324-3698

Typed or printed name of signing Managing Member/Manager

Lauren Oakley

N. Oakley

JUN 3 - 2010