

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000046045

1. Limited Liability Company's Name

Lincoln Park Properties, LLC

FILED

10 DEC 29 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300189096113
12/29/10--01029--008 **377.50

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 71 Coquina Place		3. Mailing Office Address 71 Coquina Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Santa Rosa Beach		City & State Santa Rosa Beach	
Zip 32459	Country US	Zip 32459	Country US

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 11/20/2003	
6. FEI Number 20-0413068	<input 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		
Name Stefan Daiberl		
Street Address (P.O. Box Number is Not Acceptable) 71 Coquina Place		
Suite, Apt. #, Etc.		
City Santa Rosa Beach	State FL	Zip Code 32459

REINSTATEMENT 2008-10 SKM

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 12/27/2010
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	Stefan Daiberl	71 Coquina Place	Santa Rosa Bch, FL 32459 US
MGR	Eva Daiberl	1427 E. Mohawk Street	Chicago, IL 60610 US

11. E-mail Address stefan@daiberl.com		(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 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 12/27/2010	Daytime Phone # 850-218-9808	
Typed or printed name of signing Managing Member/Manager Stefan B. Daiberl			