

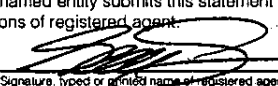



2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC 20 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000050229 1. Entity Name INTERLAKEN LLC					
Principal Place of Business 720 WEST VASSAR ST. ORLANDO, FL 32804				Mailing Address 720 WEST VASSAR ST. ORLANDO, FL 32804	
2. Principal Place of Business 1700 N. Orange Avenue Suite, Apt. #, etc. Suite 100 City & State Orlando FL Zip 32804		3. Mailing Address Same as Suite, Apt. #, etc. ← City & State Orlando FL Zip 32804			
11012004 REIN-LLC CR2E101 (6/04)				4. FEI Number 20-0604904	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPIVEY, GLEN L 720 WEST VASSAR ST. 1700 N. Orange Avenue, Suite 100 ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 1700 N. Orange Ave Suite 100 City Orlando FL Zip Code 32804		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 11-1-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME SPIVEY, GLEN L STREET ADDRESS 720 W. VASSAR ST. 1700 N. Orange Ave, Suite 100 CITY-ST-ZIP ORLANDO, FL 32804	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME PINEL, JOHN STREET ADDRESS 720 W. VASSAR ST. 1700 N. Orange Ave, Suite 100 CITY-ST-ZIP ORLANDO, FL 32804	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 11-1-04		DAYTIME PHONE # 407-423-1430

REINSTATEMENT