## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  COMPANY	FILED  OTHAY - I AMII: 24  Shore laky or 5 mas.
DOCUMENT # L04008 000 255 1. Limited Liability Company's Name Lee Lake Carpentry LC	TÄLLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box #  4451 Swan Ave  Suite, Apt. #, etc.  City & State  Zip Country  Zip Country  3. Mailing Office Address  City & State  City & State	CR2E041 (1/07)  4. State/Ceuntry of Formation  5. Date Organized or Qualified To Do Business in Florida  6. FEI Number 36 - 3894475  Not Applied For Not Applicable  7. CERTIFICATE OF STATUS DESIRED  55.00 Additional Fee required
8. Name and Address of Current Registered Agent  Name Dennis Lee Lake J  Street Address (P.O. Box Number is Not Acceptable)  4451 Swan Ave  Suite, Apt. #, Etc.  City Pace State Zip Code FL 32571	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 Registered Agent REGISTERED AGENT MUST SIGN	
10. Names and Street Addresses of Managing Members/Managers	
Titles Name of Street Address of Each Managing Members/Managers Managing Member/Mana	
ngrm Dennis Lee Lake Jr 4451 Shan	Ave Pace F1 32571
TENSTATEMENT 05/07	700100447287 05/01/0701019011 **250.00
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  Date  Date  Managing Managing Managing Managing Member/Manager	