

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 28 PM 1:49

DOCUMENT # 204 000011087

1. Limited Liability Company's Name

Lauraville LOT 20, LLC.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

1291 W 32ND ST.

Suite, Apt. #, etc.

3. Mailing Office Address

1291 W 32ND ST.

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

Zip

33404

Country

City & State

Riviera Beach FL

Zip

33404

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

2/10/04

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 Keisha Douglas

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

1291 W 32ND ST.

Suite, Apt. #, Etc.

City

Riviera Beach

State

FL

Zip Code

33404

☒ 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

Keisha Douglas

REGISTERED AGENT MUST SIGN

Date

12/21/07

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
Managing Member	Keisha Douglas	1291 W 32 ND ST.	Riviera Bch. FL 33404

900113404619
12/26/07--01043--008 **150.00

REINSTATEMENT 2005-07

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

Keisha Douglas

Date

12/21/07

Daytime Phone #

(561) 603-1032

Typed or printed name of signing Managing Member/Manager

Keisha Douglas