

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

06 APR 24 AM 9:40

DOCUMENT # L0400011873

1. Limited Liability Company's Name

L.A. Development Partners, LLC

000074663940

03/16/06--01029--005 **205.00

CR2E041 (8/05)

2. Principal Office Address

1355 W. Palmetto Park Rd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.
#260

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33486

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/12/2004

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

Bruce Herman

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

1401 E. Broward Blvd.

Suite, Apt. #, Etc.

#206L

City

Ft. Lauderdale

State

FL

Zip Code

33301

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 MUST SIGN

Date 4/12/06

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
MGRM	Jeffrey D. Kune	1355 W. Palmetto Park Road, #260	Boca Raton, FL 33486

REINSTATEMENT 2005-2006

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 3/31/06 Daytime Phone # 561 350 4344

Typed or printed name of signing Managing Member/Manager

Jeffrey D. Kune