

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 DEC -4 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
100112281511  
11/14/07--01022--019 \*\*200.00

CR2E041 (1/07)

**DOCUMENT #** L04000035682

1. Limited Liability Company's Name

LAGUNA FAMILY ESTATES, LLC

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

7513 LAKE DR

Suite, Apt. #, etc.

3. Mailing Office Address

1022 Northside Dr.

Suite/Apt. #, etc.

B

City & State

ORLANDO FL

City & State

Atlanta, GA

Zip

32809

Country

USA

Zip

30318

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

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

Kimberly Hunt

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

7513 LAKE DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32809

☐ 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

*[Signature]*

Date

11/7/07

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
Managing Member	Kimberly Hunt	7513 LAKE DR 0	ORLANDO, FL 32809
Member	Shannon Hunt	7513 LAKE DR	ORLANDO, FL 32809

**REINSTATEMENT** 11/7/07

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

*[Signature]*

Date 11/7/07

Daytime Phone #

678 420 1284

Typed or printed name of signing Managing Member/Manager