

LOS000017062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -5 PM 2:00

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LOS000017062

1. Limited Liability Company's Name

LAKES INTERNATIONAL, LLC

PK

04

600180404486
05/05/10--01022--022 **282.50

CR2E041 (11/09)

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

934 N. UNIVERSITY DR.

Suite, Apt. #, etc.

*457

City & State

CORAL SPRINGS, FL.

Zip

33071

Country

USA

3. Mailing Office Address

934 N. UNIVERSITY DR.

Suite, Apt. #, etc.

*457

City & State

CORAL SPRINGS, FL.

Zip

33071

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

202435506

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

TK ENTERPRISES INC.

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

934 N. UNIVERSITY DR.

Suite, Apt. #, Etc.

*457

City

CORAL SPRINGS

State

FL

Zip Code

33071

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 MUST SIGN

Date

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
Mgr.	TK ENTERPRISES INC	934 N. UNIVERSITY DR. *457	CORAL SPRINGS FL. 33071
CEO	JIN HE LIU	11759 NW 1ST STREET	CORAL SPRINGS, FL 33071

REINSTATEMENT 2009-2010

11. E-mail Address: K5405390@YAHOO.COM

(To be used for future annual report notifications)

12. 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

05/03/10

Daytime Phone #

954-540-5390

Typed or printed name of signing Managing Member/Manager

KENNY TANG