L05000018739

Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
Fax Number : (407)843-4444
Attn: Tonia Passley

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
LAKE JESSUP MITIGATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$655.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 14 AM 8:43

Note - Please waive the $100 reinstatement fee
Please obtain 12-1-09 effective date

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G. MCLEOD

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EXAMINER

H09000256776 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT # L05000018739

1. Limited Liability Company's Name

Lake Jessup Mitigation, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1511 East S.R. 434	1511 East S.R. 434
Suite, Apt. #, etc.: Unit 1025	Suite, Apt. #, etc.: Unit 1025
City & State: Winter Springs, FL	City & State: Winter Springs, FL 32708
Zip: 32708 Country: US	Zip: 32708 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business In Florida: 2/23/2005

6. FEI Number: NONE ☐ 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: PATRICK K. RINKA

Street Address (P.O. Box Number is Not Acceptable): 215 NORTH EOLA DRIVE

Suite, Apt. #, Etc:

City: ORLANDO State: FL Zip Code: 32801

☑ 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 605, F.S.*

Signature of Registered Agent: Patrick K. Rinka Date: 12-10-09

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
MGRM	Barbara Corkery	1511 East S.R. 434, Unit 1025	Winter Springs, FL 32708
MGRM	Alan V. Ytterberg	1301 McKinley, Suite 5100	Houston, Texas 77010-3095
MGRM	Peter C. Teaffe	1301 McKinley, Suite 5100	Houston, Texas 77010-3095

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, 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: Barbara Corkery Date: 12/10/2009 Daytime Phone #: 407-418-6273

Typed or printed name of signing Managing Member/Manager: Barbara Corkery

H09000256776 3