PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT	**FLORIDA DEPARTMENT OF STATE** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L05000024524

1. Limited Liability Company's Name

R & J Lakeside, LLC

CR2E041 (8/05)

2. Principal Office Address 431 E. Central Blvd.	**3.** Mailing Office Address 431 E. Central Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** State/Country of Formation Florida
		5. Date Organized or Qualified To Do Business in Florida 03/10/2005
City & State Orlando, FL	City & State Orlando, FL	**6.** FEI Number 20-2476941 / Applied For / Not Applicable
Zip 32801 / Country Orange	Zip 32801 / Country Orange	**7.** CERTIFICATE OF STATUS DESIRED ☐ / **$5.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name
David S. Cohen, Esquire

Street Address (P.O. Box Number is Not Acceptable)
5728 Major Blvd.

Suite, Apt. #, Etc.
Suite: 550

City Orlando	State FL	Zip Code 32819

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 12-22-05

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	Uranick, Gerald W	1465 Windsong Road	Orlando, FL 32809
MGR	Poma, Rosario	1221 E. Lake Coloney	Maitland, FL 32751
			600006189793b
			12/9/05 - 0103I -005
	REINSTATEMENT 2005		#125.00

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 12/22/05   Daytime Phone # 321-624-0432

Typed or printed name of signing Managing Member/Manager Rosario Poma