

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL -7 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L05000031544

Lake Lauren, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 646 SW Lake Charles Circle		3. Mailing Office Address 646 SW Lake Charles Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port Saint Lucie, FL		City & State Port Saint Lucie, FL	
Zip 34986	Country USA	Zip 34986	Country USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida March 2005

6. FEI Number
72-1596445 ☐ 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
Leah Evangelista

Street Address (P.O. Box Number is Not Acceptable)
646 SW Lake Charles Circle

Suite, Apt. #, Etc.

City Port Saint Lucie	State FL	Zip Code 34986
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06/29/10--01023--003 **798.75

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

Leah Evangelista

REGISTERED AGENT MUST SIGN

Date 6/28/2010

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	Leah Evangelista	646 SW Lake Charles Circle	Port Saint Lucie, FL 34986
MGRM	Rosalyn Unalivia	2304 Arden Street	Dunn Loring, VA 22027
	L. SELLERS		
	JUL -8-2010		
	EXAMINER		
		REINSTATEMENT	06-10

11. E-mail Address ruzzell74@aol.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

Rosalyn Unalivia

Date 6-28-2010 Daytime Phone # (703) 625-5099

Typed or printed name of signing Managing Member/Manager Rosalyn Unalivia