


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 DEC 17 AM 11:32 SECRETARY OF STATE REINSTATEMENT <i>2008-09 Son</i> 400163723654 12/17/09--01029--003 **277.50 CR2E041 (11/09)	
DOCUMENT # <u>LS000038955</u>					
1. Limited Liability Company's Name <u>LAZARE PROPERTIES, LLC</u>					
2. Principal Office Address - No P.O. Box # <u>2229 Demeron Rd</u> Suite, Apt. #, etc.			3. Mailing Office Address Suite, Apt. #, etc.		
City & State <u>Tallahassee, FL</u>			City & State <u>Tallahassee, FL</u>		
Zip <u>32308</u>		Country		Zip <u>32308</u>	
				Country	
4. State/Country of Formation <u>Florida</u>					
5. Date Organized or Qualified To Do Business in Florida <u>4/21/05</u>					
6. FEI Number					Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent					
Name <u>Leslie Smith</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>2229 Demeron Rd</u>					
Suite, Apt. #, Etc.					
City <u>Tallahassee</u>				State <u>FL</u>	Zip Code <u>32308</u>
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 <u>Leslie W. Smith</u> Date <u>12-17-09</u> 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	
<u>Mgr</u>	<u>Leslie Smith</u>	<u>2229 Demeron Rd</u>		<u>Tallahassee, FL</u>	
11. E-mail Address: <u>lsmith2576@yahoo.com</u> (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 <u>Leslie W. Smith</u> Date <u>12-17-09</u> Daytime Phone # <u>850-591-0077</u>					
Typed or printed name of signing Managing Member/Manager					