

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-15-06
158.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -5 AM 8:53

DOCUMENT # L05000042542

1. Limited Liability Company's Name

Lakeshore Title and Escrow, LLC

CR2E041 (8/05)

2. Principal Office Address

900 East Ocean Blvd.

3. Mailing Office Address

900 East Ocean Blvd.

Suite, Apt. #, etc.

Suite 210-B

Suite, Apt. #, etc.

Suite 210-B

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34994

Country

Zip

34994

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

4-29-05

6. FEI Number

141936406

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

Wes Harvin, II

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

900 East Ocean Blvd.

Suite, Apt. #, Etc.

Suite 210-B

City

Stuart, FL

State

FL

Zip Code

34994

REINSTATEMENT 2006

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

Wes Harvin II

Date 11-14-06

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	David-San Martin	900 East Ocean Blvd., Ste 210-B	FL 34994
MGRM	Duane L. Pinnock	900 East Ocean Blvd., Ste 210-B	FL 34994
MGRM	Wes Harvin, II	900 East Ocean Blvd., Ste 210-B	FL 34994
MGRM	Wesley R. Harvin	900 East Ocean Blvd., Ste 210-B	FL 34994
			800081912178 11/17/06--01060--001 **100.00
			800081912178 12/04/06--01056--004 **50.00

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

Wes Harvin II

Date

11/14/06

Daytime Phone #

972.286.3630

Typed or printed name of signing Managing Member/Manager