

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -7 AM 9:52

DOCUMENT #

L050000 66577

1. Limited Liability Company's Name

Lee Freyer Kennedy Crestview II LLC
c/o Lachman & Lachman

2. Principal Office Address

4650 Paradise Isle

Suite, Apt. #, etc.

City & State

Destin

Zip

32541

Country

U.S.A

3. Mailing Office Address

444 Madison Avenue

Suite, Apt. #, etc.

Suite 2800

City & State

New York

Zip

10022

Country

U.S.A

CR2E041 (8/05)

4. State/Country of Formation

Florida, U.S.A

5. Date Organized or Qualified
To Do Business in Florida

July 6, 2005

6. FEI Number

20-4189980

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

Lee Freyer Kennedy

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

4650 Paradise Isle

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

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

Lee Kennedy

Date

8/3/06

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
MGR	Lee Freyer Kennedy	4650 Paradise Isle	Destin, FL 32541

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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

Michael Lachman

Date

7/14/06

Daytime Phone #

212 371 8319

Typed or printed name of Signing Managing Member/Manager