

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																																	
DOCUMENT # L05000075071 1. Limited Liability Company's Name Lake City Plaza, LLC																																			
2. Principal Office Address - No P.O. Box 99 W. Hawthorne Ave. Suite, Apt. #, etc. Suite 218 City & State Valley Stream, NY Zip 11580		3. Mailing Office Address 99 W. Hawthorne Ave. Suite, Apt. #, etc. Suite 218 City & State Valley Stream, NY Zip 11580																																	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 7/27/05																																	
6. FEI Number 59-3824873		Applied For ☐ Not Applicable																																	
7. CERTIFICATE OF STATUS DESIRED ☐ \$3.00 An Official Fee required for a Certificate of Status																																			
8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation		9. A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived. ☒																																	
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><i>[Signature]</i></u> Ariene Bernal REGISTERED AGENT MUST SIGN Vice President Date <u>03/24/08</u>																																			
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td><i>mgr</i></td> <td>Daniel Wiener</td> <td>18911 Collins Ave. #2002</td> <td>Sunny Isles Beach, FL 33160</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	<i>mgr</i>	Daniel Wiener	18911 Collins Ave. #2002	Sunny Isles Beach, FL 33160																								
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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 <u><i>[Signature]</i></u> Date <u>3.19.08</u> Daytime Phone# <u>516 593-0660</u> Typed or printed name of signing Managing Member/Manager <u>Daniel Wiener</u>																																			

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 TALLAHASSEE, FLORIDA

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 DIVISION OF CORPORATIONS
 07-08

LAKE CITY PLAZA LLC
99 WEST HAWTHORNE AVENUE
VALLEY STREAM, N.Y. 11580

516 593-0660
516 593-7376

March 24, 2008

Secretary of State Florida
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

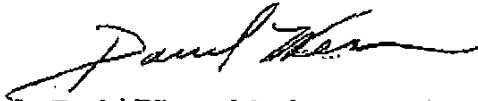
To Whom it May Concern:

As I did not receive the Annual Registration Report for Lake City Plaza LLC
for the 2007 year, I am now requesting the reinstatement of the above LLC.

Thank you

Sincerely,,

Lake City Plaza LLC



Daniel Wiener, Member

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

LAKE CITY PLAZA, LLC

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\$277.50

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