

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 JUL 16 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # 20600000 4244

1. Limited Liability Company's Name

Drs Lake Lots, LLC

2. Principal Office Address - No P.O. Box #

1613 Fairway Ridge Drive

Suite, Apt. #, etc.

City & State

Orange Park, FL

Zip

32003

Country

USA

3. Mailing Office Address

1613 Fairway Ridge Drive

Suite, Apt. #, etc.

City & State

Orange Park, FL

Zip

32003

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

01/12/2006

6. FEI Number

20-4133942

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

Robert B Wilson

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

1613 Fairway Ridge Drive

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32003

☒ 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

Date

6/22/8

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 M	Robert B Wilson	1613 Fairway Ridge Drive	Orange Park, FL 32003
			000131676140 07/08/08--01035--002 **89.75
			000131676140 06/25/08--01019--009 **188.75
			REINSTATEMENT W/O/P 07-08 full

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

Date

6/22/8

Daytime Phone # 904-838-8703

Typed or printed name of signing Managing Member/Manager

Robert B Wilson, Managing Member

FF \$277.50