

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000008842 1. Entity Name LRK LLC	
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FILED

07 OCT 17 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business PO BOX 3149 ORLANDO, FL 32802 US	Mailing Address PO BOX 3149 ORLANDO, FL 32802 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10122007 REIN-LLC CR2E101 (1/07)

5. Certificate of Status Desired \$5.00 Additional Fee Required

4. FEI Number 579210006 Applied For Not Applicable

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	Manager <input type="checkbox"/> Delete Lauren Kling P.O. Box 3149 Orlando, FL 32802		<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

2007

DB

07/16/07-90042-009-\$50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE