

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC -3 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000010657

1. Limited Liability Company's Name

Lakeshore Atlanta LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 3700 Airport Road Suite, Apt. #, etc. Suite 404 City & State Boca Raton, FL Zip 33431		3. Mailing Office Address 3700 Airport Road Suite, Apt. #, etc. Suite 404 City & State Boca Raton, FL Zip 33431	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 1/30/2006	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Lawrence B. Steinberg			
Street Address (P.O. Box Number is Not Acceptable) 2650 N. Military Trail			
Suite, Apt. #, Etc. Suite 240			
City Boca Raton	State FL	Zip Code 33431	

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date *12/2/08*

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
MGMR	Ronald Eisenberg	3700 Airport Rd., Suite 404	Boca Raton, FL 33431

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

Agent for Lakeshore Atlanta LLC
[Signature]

Date *11-26-08*

Daytime Phone # *561 347 7775*

Typed or printed name of signing Managing Member/Manager

Ronald Eisenberg, Sole Member