


2012 LIMITED LIABILITY COMPANY REINSTATEMENT

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| DOCUMENT # L06000013298 | |  |
| 1. Entity Name LAK ENTERPRISES, LLC | | |

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|---|---|
| Principal Place of Business 20613 N.W. 3RD AVENUE MIAMI, FL 33169 | Mailing Address 20613 N.W. 3RD AVENUE MIAMI, FL 33169 |
|---|---|

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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 |

FILED
12 OCT -1 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10012012 REIN-LLC CR2E101 (12/11)

| | |
|---|--------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent PALMER, ROBERTHA 20613 N.W. 3RD AVENUE MIAMI, FL 33169 | 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 *Robertha Palmer MGR* DATE *10-1-12*

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$238.75 After January 1, 2013, Fee will be \$377.50 | Make check payable to Florida Department of State |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR PALMER, ROBERTHA 20613 N.W. 3RD AVENUE MIAMI, FL 33169 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HOWARD, LAWRENCE B JR 403 VINNEDGE RIDE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HOWARD, LAWRENCE B JR 20613 NW 3RD Ave. MIAMI, FL 33169 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PALMER, KIMBERLY N 403 VINNEDGE RIDE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PALMER, KIMBERLY N 20613 NW 3RD Ave. MIAMI, FL 33169 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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REINSTATEMENT

100240278551
10/01/12--01023--011 **238.75

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: *Robertha Palmer MGR* DATE: *10-1-12*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS

C.S.