PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State 07 DEC 27 PM 2: 22 REINSTATEMENT DIVISION OF CORPORATIONS SEURETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # LD 6 000 42014 1. Limited Liability Company's Name Lone Lake Investment, LLC CR2E041 (1/07) 2. Principal Office Address - No P.O. Box # 4613 N. Thatcher Ave 3. Mailing Office Address 4613 N. Thatcher Ave. State/Country of Formation Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified 04/21/06
To Do Business in Florida City & State City & State Tampa, FL 6. FEI Number Tampa, FL Not Applicable <sup>™</sup>33614 Country Country \$5.00 Additional Fee required for a Certificate of Status 8. Name and Address of Current Registered Agent Ärthur J. Riehl A \$100 reinstatement fee is imposed, except in circumstances which the entity did not Street Address (IP.O. Bax Number is Not Acceptable)
4613 N. Thatcher Ave receive the prior notices. By checking this box, you are certifying the prior notices were Suite, Apt. #. Etc. not received and requesting the \$100 reinstatement be waived. Tampa 33614 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 Date 12/18/07 Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip Architectural Systems & Products, Inc. 4613 N. Thatcher Avenue Tampa, FL 33614 MGRM 100113350481 12/21/07--01029--010 \*\*155.00

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.

Date /2/18/67 Daytime Phone # 8/3-837-818

Typed or printed name of signing Managing Member/Manager