

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 OCT 17 PM 2:46

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



09292008 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-5756790

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAKES, WILLIE J
4231 N. DIXIE HWY
BAY # 2
OAKLAND PARK, FL 33334

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Willie J. Lakes*
Signature, typed printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/25/08

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME LAKES, WILLIE
STREET ADDRESS 2308 NW 14 CT
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE MGR ☐ Delete
NAME ROMAN, NATALIE
STREET ADDRESS 1024 NW 13TH ST #129
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE MGR ☐ Delete
NAME LAKES, ALLAN
STREET ADDRESS 2308 NW 14 CT
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
400136578344
10/02/08--01040--005 **138.75

☐ Change ☐ Addition
TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

REINSTATEMENT

(08) CL

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 *Willie J. Lakes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/25/08
Date

Daytime Phone #