
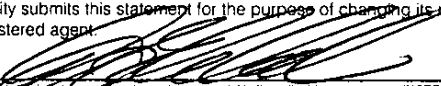



# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
08 NOV -4 PM 5:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000057701					
1. Entity Name LAKEWORTH LLC					
Principal Place of Business 6651 LAKE WORTH ROAD LAKE WORTH, FL 33467			Mailing Address 6651 LAKE WORTH ROAD LAKE WORTH, FL 33467		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 901 Northpoint Pkwy			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 200			
City & State		City & State West Palm Beach, FL			
Zip	Country	Zip	Country		
		33407	USA		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GANS, HERMAN 6651 LAKE WORTH ROAD LAKE WORTH, FL 33467				Name Strategic Realty Services, LLC	
				Street Address (P.O. Box Number is Not Acceptable) 901 Northpoint Pkwy	
				Suite 200	
				City West Palm Beach	FL Zip Code 33407
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  DATE <u>10/23/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$238.75</b> <b>After January 1, 2009, Fee will be \$377.50</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GANS, HERMAN 6651 LAKE WORTH ROAD LAKE WORTH, FL 33467			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>000137493040</b>          10/30/08--01045--008 **238.75       </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<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	<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	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 2em; font-family: cursive;">2008</div>					
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:  DATE <u>10/25/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					