

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 MAY -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000102486

1. Limited Liability Company's Name

LAKE INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box #

124 Pompei Drive

Suite, Apt. #, etc.

City & State

Kissimmee FL

Zip

Country

34758

USA

3. Mailing Office Address

124 Pompei Drive

Suite, Apt. #, etc.

City & State

Kissimmee FL

Zip

Country

34758

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

JULY 18, 2013

6. FEI Number

90-1029559

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

8. Name and Address of Current Registered Agent

Name

LUIS M. JOURDAIN, RA

Street Address (P.O. Box Number is Not Acceptable) Suite,

124 Pompei Drive

Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34758

100272503141
05/01/15--01027--003 **377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

Luis M. Jourdain

REGISTERED AGENT MUST SIGN

Date 04/27/2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>RA</u>	<u>LUIS M. JOURDAIN</u>	<u>124 Pompei Drive</u>	<u>Kissimmee FL 34758</u>

11. E-mail Address:

LUIS.JOURDAN@GMAIL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Luis M. Jourdain

Date 04/27/2015

Daytime Phone # (814) 883 2945

Typed or printed name of signing authorized representative/member