LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED

2016 OCT 21 AM 8: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15000141837

1. Limited Liability Company's Name

5145 LBK, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
22 S. Links Ave.	22 S. Links Ave.
Suite, Apt. #, etc. 300	Suite, Apt. #, etc. 300
City & State Sarasota FL	City & State Sarasota FL

Zip 34236	Country US	Zip 34236	Country us

4. State/Country of Formation **Florida/Sarasota**

5. Date Organized or Qualified To Do Business in Florida **8/24/15**

6. FEI Number **none** | 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
Scott W. Dunlap

Street Address (P.O. Box Number is Not Acceptable) Suite.
22 S. Links Ave.

Apt. #, Etc.
300

City Sarasota	State FL	Zip Code 34236

S00291503445
10/21/16--01026--004 **238.75

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 _____

REGISTERED AGENT MUST SIGN

Date 10/12/16

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
AR	Scott W. Dunlap	22 S. Links Ave., #300	Sarasota/FL/34236

11. E-mail Address: sdunlap@dunlapmoran.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 _____ Date 10/12/16 Daytime Phone # 941-366-0115

Typed or printed name of signing authorized representative/member Scott W. Dunlap