

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JAN -6 PM 1:15

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L960000001329

1. Limited Liability Company's Name

Lake Camille Plaza Limited Company

800026051478
01/06/04--01005--026 **305.00

2. Principal Office Address

4155 Dingman Dr
Sanibel FL 33957

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1071
Sanibel FL 33957

Suite, Apt. #, etc.

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

filed: 12-23-96 Effective: 01-01-97

6. FEI Number

65-0668565

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Sanibel FL

City & State

Sanibel FL

Zip

33957

Country

USA

Zip

33957

Country

USA

8. Name and Address of Current Registered Agent

Name

Duane Janikula

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

4155 Dingman Drive

Suite, Apt. #, Etc.

City

Sanibel

State

FL

Zip Code

33957

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
Registered Agent

Duane Janikula

REGISTERED AGENT MUST SIGN

Date 26 Dec 2003

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGRM</u>	<u>Duane Janikula</u>	<u>4155 Dingman Dr</u>	<u>Sanibel, FL 33957</u>

REINSTATEMENT 2001-04

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.

Signature of
Managing Member/Manager

Duane Janikula

Date 12 26 03 Daytime Phone # 239.472.4627

Typed or printed name of signing Managing Member/Manager

Duane Janikula

CR2E041 (10/02)