

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

2001-2004  
LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
UBR



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 FEB 21 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000349

1. Limited Liability Company's Name

LAKE SIDE ASSOCIATES OF LAKE COUNTY, L.C.

2. Principal Office Address  
P.O. Box 144536

Suite, Apt. #, etc.

City & State  
Coral Gables, Florida

Zip 33114

Country  
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

105-0821077

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

MJF Registered Agent Corp.

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

153 Sevilla Avenue

Suite, Apt. #, Etc.

City  
Coral Gables

State  
FL

Zip Code  
33134

400005044134--0

-03/05/02--01054--035

\*\*\*\*100.00 \*\*\*\*100.00

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

REGISTERED AGENT MUST SIGN

Date

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
MGRM	VAZQUEZ, SANDRA		
MGRM	NESSLEIN, DAVID A.		FF \$100.00

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

Date 02-12-02

Daytime Phone # 355-447 2300

Typed or printed name of signing Managing Member/Manager

DAVID A. NESSLEIN

# LAKE SIDE ASSOCIATES OF LAKE COUNTY

P.O.Box 144536  
Coral Gables, FL 33114-4536

February 14, 2002

Florida Department of State  
Division of Corporations  
Annual Report Section  
PO Box 1500  
Tallahassee, FL 32302-1500

**RE: LAKE SIDE ASSOCIATES OF LAKE COUNTY, L.C.**  
**Document #L98000000349**

Gentlemen:

Enclosed please find the executed Corporation Reinstatement form for this corporation.

This corporation moved its offices in January 2000. The Uniform Business Report for 2001 was not forwarded. Apparently, the original was returned by the post office for the Department of State. I learned of the status of the limited liability company from my attorney.

Accordingly, this is a request that the late fee be waived. Enclosed is my check number ALA002849 in the amount of \$100.00 representing the filing fees for 2001 and 2002, and the completed business report for both years.

Thank you for your cooperation in this matter. If you have any questions, please contact me.

Very truly yours,

  
David A. Nesslein

DAN:cml

cc: Mike Freeman