


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # L98000000623 1. Limited Liability Company's Name LAURA STREET TOWNHOMES L.C.		
2. Principal Office Address 107 N. GREENWOOD AVE Suite, Apt. #, etc.		3. Mailing Office Address P.O. BOX 1728 Suite, Apt. #, etc.
City & State CLEARWATER, FL Zip 33755 Country USA		City & State CLEARWATER, FL Zip 33757-1728 Country USA
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida JUNE 1998
6. FEI Number 65-0834847		Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		
Name JOSEPH CIANFRONE, P.A.		
Street Address (P.O. Box Number is Not Acceptable) 1968 BAYSHORE BLVD.		
Suite, Apt. #, Etc.		
City DUNEDIN FL State FL Zip Code 334698		
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 Joseph R. Cianfrone		Date 12/28/01
REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager
MGRM	WILLIAM E. LAZAROWY	107 N. GREENWOOD AVE, CLEARWATER, FL 33755
MGRM	JAREN LEVITT	6244 CLARK CTR AVE B3 SARASOTA, FL 34238
REINSTATEMENT		
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 William E. Lazarowy		Daytime Phone # 727-447-2300
Typed or printed name of signing Managing Member/Manager WILLIAM E. LAZAROWY		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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