ORIDA DEPARTMENT OF STATE LIMITED LIABILITY Katherine Harris COMPANY ___ Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 DEC -1 MID: 27 SECRETARY,研究和E

EASTLAKE PROPERTIES, L.L.C. 1600 NORTH CASEY KEY ROAD							TALLAHASSEE]. FL 的内内				
OSPREY FL 34229 2. Principal Office Address 3. Mailing Office Address						· · · · · · · · · · · · · · · · · · ·	REMSTATEMENT OF				
			,	(4. State/Country of Formation				
Suite, Apt. #, etc.			Suite, Apt.	Suite, Apt. #, etc.		i I	Florida US 5. Date Organized or Qualified To Do Business in Florida 11/23/1998				
City & State			City & Stat	City & State			6. FEI Number Applied For				
Zip	Zip Country		Zip	= = =	Country		7. CERTIFICATE OF STATUS DESIRED				
		· · · · · · · · · · · · · · · · · · ·	8.	Name and Ad	dress of Cur	rent Register	ed Agent				
	JONES, JEFFREY F Street Address (P.O. Box Number is Not Acceptable)						4000030671041-0				
,	1600 NORTH CASEY KEY ROAD Suite, Apt. #, Etc.								12/10/99	01079#11 ****19 0.00	
1	City OSPREY							State FL	Zip Code 34229		
9. I, being a Signature of Registered Ag		registered agent of the	e above named lim			niliar with and a	accept the ob		11/12/19	999	
10. Names	and Street	Acresses of Managin	g Members/Manage	ers				·			
Titles	Name of Managing Members/Managers				Street Address of Each Managing Member/Manager				City / State / Zip		
MGRM	JONES	, JEFFREY	F	1600	NORTH	CASEY	KEY F	D OSP	REY FL 3	1229	
	<u>-</u>	,									
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11. Legify t	that I am ma	naging member/mana	aper or the receiver	or trustee emo	owered to exe		cation as pr	ovided for in ch	napter 608, F.S. I fu	rther certify that when	

filling 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/Manage

Date 11/12/99 Daytime Phone # _

941 966 7818

Typed or printed name of signing Many Member/Manager JEFFREY F JONES