

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L98000002859

1. Limited Liability Company's Name

**EASTLAKE PROPERTIES, L.L.C.**

2. Principal Office Address - No P.O. Box #

5318 Ashley Parkway

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34241

Country

US

3. Mailing Office Address

P.O. Box 758

Suite, Apt. #, etc.

City & State

Osprey, Florida

Zip

34229

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

11/23/1998

6. FEI Number

65-0881824

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

Richard R. Gans

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

1515 Ringling Boulevard

Suite, Apt. #, Etc.

10th Floor

City

Sarasota

State

FL

Zip Code

34236

E-mail Address:

600227399106

04/04/12--01003--016 \*\*516.25

rgans@fsskbt.com

(To be used for future annual report notices)

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

Date

4/3/12

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	City / State / Zip
MGRM	Jeffrey F. Jones	5318 Ashley Parkway	Sarasota, Florida 34241

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. 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 Managing  
Member/Manager

Date

2/29/12

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Jeffrey F. Jones

FILED

12 APR -4 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/11)