AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM! 01 MAR 8 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L99000003511

1. Limited Liability Company's Name

Casa Lucente Development, L.L.C.

REINSTATEMENT 2000-2001

2. Principal Office Address		**3.** Mailing Office Address	
3037 Buck Ridge Trail		3037 Buck Ridge Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Loxahatchee, FL		City & State: Loxahatchee, FL	
Zip: 33470	Country: USA	Zip: 33470	Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 06/11/1999

6. FEI Number: 65 0928639 ☐ 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: Horst E. Pferdekaemper

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-03/13/01--01127--007
****200.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 3037 Buck Ridge Trail

Suite, Apt. #, Etc.:

City: Loxahatchee, State: FL Zip Code: 33470

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: Horst E. Pferdekaemper, Mgr. Date: 03-08-01

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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	Horst E. Pferdekaemper	3037 Buck Ridge Trail	Loxahatchee, FL 33470
			300003851583--6 -03/13/01--01127--008 ******5.00 ******5.00

SB 3/8/01

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: Horst E. Pferdekaemper, Mgr. Date: 03-08-01 Daytime Phone #: (561) 753-0819

Typed or printed name of signing Managing Member/Manager: Horst E. Pferdekaemper