

FILED

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000005899

1. Limited Liability Company's Name

Westlake Property Holdings, LC

300022531413
08/25/03--01025--003 **150.00300022531413
11/19/03--01006--022 **50.00

2. Principal Office Address

735 N. Thornton Avenue

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32803

Country

USA

3. Mailing Office Address

735 N. Thornton Avenue

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32803

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09/21/99

6. FEI Number

59-3599506

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

Mario Prieto

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

735 N. Thornton Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

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*Mario Prieto*

Date

08/21/03

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	MARIO PRIETO	735 N. THORNTON AVENUE	ORLANDO, FLORIDA 32803
MGR	FERNANDO SIKES	3339 STONEWOOD COURT	ORLANDO, FLORIDA 32806
MGR	JORGE DEL RIO	8002 PALM LAKE DRIVE	ORLANDO, FLORIDA 32819

REINSTATEMENT

2003

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*Mario Prieto*

Date

08/21/03

Daytime Phone #

407-467-8079

Typed or printed name of signing Managing Member/Manager

MARIO PRIETO

CR2E041 (10/02)