Division of Corporations

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Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

LAKE PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$150.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
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TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
Lake Properties, LLC

2. Principal Office Address	3. Mailing Office Address
4705 West Cayuga Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State
Zip: 33614 Country: Hillsborough	Zip Country

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business In Florida: 12/20/99
6. FEI Number: X Applied For / Not Applicable
7. CERTIFICATE OF STATUS DESIRED [X] $8.00 Additional Fee Required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: Mitchell I. Horowitz
Street Address (P.O. Box Number Is Not Acceptable): 501 E. Kennedy Blvd.
Suite, Apt. #, Etc.: Suite 1700
City: Tampa State: FL Zip Code: 33602

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: Mitchell I. Horowitz Date: 10/30/01
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
MGR	Robert L. McCoy	8425 N. Florida Ave.	Tampa, FL 33604

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: Robert L. McCoy Date: 10/30/01 Daytime Phone #: (813) 872-0555

Typed or printed name of signing Managing Member/Manager: Robert L. McCoy

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