

Division of Corporations

Page 1 of 2

L 99000009003

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000111107 8)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0393

From:

Account Name : FOWLER, WHITE 2
Account Number : I19990000148
Phone : (813) 228-7411
Fax Number : (813) 228-9401

AL1

LIMITED LIABILITY REINSTATEMENT

LAKE PROPERTIES, LLC

199-472-1

Shari Curcio

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 31 AM 8:33

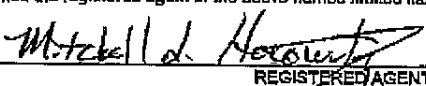
RECEIVED

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

FAX Audit No. H01000111107 8

Page 1 of 1

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 SECRETARY OF STATE TALLAHASSEE, FLORIDA 01 OCT 30	
DOCUMENT # 1. Limited Liability Company's Name Lake Properties, LLC					
2. Principal Office Address 4705 West Cayuga Street Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State Tampa, Florida		City & State		5. Date Organized or Qualified To Do Business in Florida 12/20/99	
Zip 33614	Country Hillsborough	Zip	Country	6. FEI Number ☒ Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒				SE-10 Affidavit of Status for a 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 		Date 10/30/01			
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	
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 		Date 10/30/01 Daytime Phone # (813) 872-0555			
Typed or printed name of signing Managing Member/Manager Robert L. McCoy					