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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
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.

City & State
Tampa, Florida

Zip: 33614
Country: Hillsborough

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

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] — $5.00 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
REGISTERED AGENT MUST SIGN
Date: 10/30/01

CR2E041 (8/00)

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: [signature] 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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