

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DIVISION OF CORPORATIONS  
10 JUL -7 AM 9:36

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M02000003474

1. Limited Liability Company's Name

LAKE MCLEOD LLC

600183019076

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #  
7 PENN PLAZA

3. Mailing Office Address  
7 PENN PLAZA

Suite, Apt. #, etc.

SUITE 618

Suite, Apt. #, etc.

SUITE 618

City & State

NEW YORK, NY

City & State

NEW YORK, NY

Zip

10001

Country

USA

Zip

10001

Country

USA

4. State/Country of Formation  
NEW YORK

5. Date Organized or Qualified  
To Do Business in Florida 12/27/2002

6. FEI Number  
133435189

☐ 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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Carina L. Dunlap

Carina L. Dunlap  
Asst. Vice President

Date

7-7-10

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	THE GERTRUDE FEIL MARITAL TRUST	7 PENN PLAZA, SUITE 618	NEW YORK, NY 10001

REINSTATEMENT 2008-2010

11. E-mail Address: [dvocatur@feilong.com](mailto:dvocatur@feilong.com)

(To be used for future annual report notifications)

12. 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

7/6/10

Daytime Phone #

212-563-6557

Typed or printed name of signing Managing Member/Manager Jeffrey J. Feil, Trustee



CORPORATION SERVICE COMPANY

M02000003474

ACCOUNT NO. : I20000000195

REFERENCE : 439970 5028139

AUTHORIZATION :

*Spuddean*

COST LIMIT : \$ 516.25

ORDER DATE : July 7, 2010

ORDER TIME : 3:33 PM

ORDER NO. : 439970-005

CUSTOMER NO: 5028139

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DIVISION OF CORPORATIONS  
10 JUL - 7 AM 9:36

REINSTATEMENT

NAME: LAKE MCLEOD LLC

XX REINSTATEMENT

RECEIVED  
10 JUL - 7 PM 4:09  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS

*BK*