


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M05000002187			
1. Limited Liability Company's Name LAKELAND PROPERTIES OF FL, LLC			
2. Principal Office Address - No P.O. Box # 6400 W. College Dr.		3. Mailing Office Address 6400 W. College Dr.	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100	
City & State Palos Heights, IL		City & State Palos Heights, IL	
Zip 60463	Country USA	Zip 60463	Country USA
8. Name and Address of Current Registered Agent			
Name Philip Chacko			
Street Address (P.O. Box Number is Not Acceptable) Suite, 1751 Queen Palm Way			
Apt. #, Etc.			
City North Port		State FL	Zip Code 34288
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.			
Signature of Registered Agent		Date	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Joseph Mutholam	6400 W. College Dr., Suite 100	Palos Heights, IL 60463
11. E-mail Address: joemutholam@sbcglobal.net			
(To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.			
Signature of authorized representative/member		Date	Daytime Phone #
Joseph Mutholam		01/18/17	708 307 1795
Typed or printed name of signing authorized representative/member			

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4. State/Country of Formation ILLINOIS	
5. Date Organized or Qualified To Do Business in Florida 04/25/2005	
6. FEI Number 86-1130121	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

Reinstatement
2010-2017
\$1210.00
Jm 2/23/17

+ Original document misplaced by this office - Accepted w/o RIA Signature