

M05000004302

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUN 24 PM 3: 15
CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000004302

1. Limited Liability Company's Name

Lago Invest Florida Partnership I, LLC

06

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
11755 Wilshire Blvd.		11755 Wilshire Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
10th Floor		10th Floor	
City & State		City & State	
Los Angeles, CA		Los Angeles, CA	
Zip	Country	Zip	Country
90025	USA	90025	USA

4. State/Country of Formation	
Delaware	
5. Date Organized or Qualified To Do Business in Florida	
August 3, 2005	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
20-5630552	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name			
Paracorp Incorporated			
Street Address (P.O. Box Number is Not Acceptable)			
236 East 6th Avenue			
Suite, Apt. #, Etc.			
City		State	Zip Code
Tallahassee		FL	32303

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 /s/ NINH HO Date _____

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	Dina Gobuty	29 Darby Court	Scarborough, Ontario, Canada M1B 5H5
			07/03/08--01003--014 **516.25
			500132104015
			07/03/08--01003--014 **516.25
REINSTATEMENT 2006-2008			

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 608.408, 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 *Dina Gobuty* Date June 13, 2008 Daytime Phone # 011-972-9-956-8853

Typed or printed name of signing Managing Member/Manager Dina Gobuty