

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 DEC -3 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

**DOCUMENT # M06000001883**

1. Limited Liability Company's Name

Lakeshore GP I LLC

2. Principal Office Address - No P.O. Box #

3700 Airport Road

Suite, Apt. #, etc.

Suite 404

City & State

Boca Raton, FL

Zip

33431

Country

3. Mailing Office Address

3700 Airport Road

Suite, Apt. #, etc.

Suite 404

City & State

Boca Raton, FL

Zip

33431

Country

4. State/Country of Formation  
Delaware

5. Date Organized or Qualified  
To Do Business in Florida 3/31/2006

6. FEI Number

☐ 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

Lawrence B. Steinberg

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

2650 N. Military Trail

Suite, Apt. #, Etc.

Suite 240

City

Boca Raton

State

FL

Zip Code

33431

☒ 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/2/08

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| MGMR   | Lakeshore Atlanta LLC                | 3700 Airport Rd., Suite 404                       | Boca Raton, FL 33431 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

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

11/26/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Lakeshore Atlanta LLC By: Ronald Eisenberg,

*Sole member*