LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT # 'MO'S 00 000 4283 1. Limited Liability Company's Name REAS SILVER LAKES LLC		SECRETARY OF STATE TALLAHASSEE, FLORIDA 400158060584 400158060584 07/01/03	
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address		
5275 E RURAL RIOGE CIR	SC75 E. RURAL RIDGE CHECK	4. State/Cour	ntry of Formation
Suite, Apt. #, etc.	Suitise, Aprt. #, etc.	5. Date Organ	nized or Qualified tness in Florida
City & State	City & State	6. FEI Numbi	
ANAHEIM CA.	ANAHEIM CA.		Not Applicable
Zip Country 92807 US	21p Country 92807 V.S	7. CERTIFICATE	E OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
	Current Registered Agent		
Name CORPORATION SERVI Street Address (P.O. Box Number is Not Acceptable) 1201 HOYS STREE Suite, Apt. #, Etc. City TALL AH A SSEE		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 walved.	
	ve named limited liability company, am familiar with an		Hone of Charter 608 E.S.
Signature of Registered Agent Autom	GISTERED AGENT MUST SIGN	refarf	Date 6-30-09
10. Names and Street Addresses of Managing Mem	ibers/Managers		
Titles Name of Managing Members/Manage	Street Address of Ea Managing Member/ Mar		City / State / Zip
MGRM REAS, PATRICIA L	5275 E RURAL RI	DGE CIRCLE	ANAMEIM, CA, 92807
		<u> </u>	ЈВ
	DEI	NCTATE	MENT (1007 00
REINSTATEMENI 2007-09			
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 cath.			
Signature of Manager Patricia L. REAS Date 6-22-09 Daytime Phone # (7/4) 998-21/7 Typed or printed name of signing Managing Member/Manager PATRICIA L. REAS			

2009 silver lakes

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 27, 2009

Florida Dept. of State

Subject: Florida Annual Report for Reas-Silver

Lakes LLC

Enclosed is check for 2009 filing fee.

Attached is copy of my filing information which has listed my street address incorrect since 2006.

My correct address is: 5275 E. Rural Ridge Circle Anaheim, CA. 92807

Due to the incorrect address, I did not receive any notice of payment due. Recently, I was informed that my status was inactive by the new Asset Manager of Silver

Lakes property.

Please correct the address so I can receive future official notices regarding this Silver Lakes property.

Respectfully, Potaicia, L. Rea

Patricia L. Reas