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LIMITED LIABILITY REINSTATEMENT
LAKEFRONT ACQUISITIONS LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M12000003114

1. Limited Liability Company's Name
LAKEFRONT ACQUISITIONS LLC

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1140 SE 24TH RD	1140 SE 24TH RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMESTEAD, FL	City & State: HOMESTEAD, FL
Zip: 33033 Country: USA	Zip: 33035 Country: USA

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 6/1/2012

6. FEI Number: Applied For ☐ Not Applicable ☒

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND RD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

E-mail Address: (To be used for future annual report notices)

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: James D. Marsh Asst. Vice President Date: 1/24/14

REGISTERED AGENT MUST SIGN.

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Title: MGR/MBR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	HOMESTEAD REALTY HOLDINGS LLC	1140 SE 24TH RD	HOMESTEAD, FL 33035

REINSTATEMENT

JAN 24 2014
R. HUNT

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person: [signature] Date: 1/24/2014 Daytime Phone #: 202 371 5700

Typed or printed name of signing Authorized Person: Daniel R DeFazio