

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LIMITED LIABILITY REINSTATEMENT
LAKEFRONT ACQUISITIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50

Electronic Filing Menu

Corporate Filing Menu

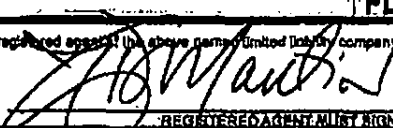
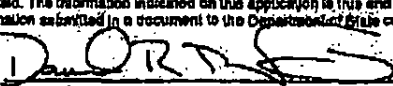
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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					
2. Principal Office Address - No P.O. Box # 1140 SE 24TH RD Suite, Apt. 8, etc.		3. Mailing Office Address 1140 SE 24TH RD Suite, Apt. 8, etc.		4. State/Country of Formation DELAWARE	
City & State HOMESTEAD, FL		City & State HOMESTEAD, FL		5. Date Organized or Qualified to Do Business in Florida 6/1/2012	
Zip 33035	Country USA	Zip 33035	Country USA	6. FEI Number	Applied For ☒ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐				\$5.00 Annual Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD Suite, Apt. 8, Etc. City PLANTATION				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, on this day certify and accept the obligations of Chapter 806, F.S. Signature of Registered Agent  JAMES D. MORANT Asst. Vice President Date 1/24/14					
10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company					
Title	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 806, 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 806, 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 		Date 1/24/2014		Daytime Phone # 202 371 5700	
Typed or printed name of signing Authorized Person		Daniel R DeFazio			