

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M 99000000739

1. Limited Liability Company's Name

Randolph Lakes, LLC

2. Principal Office Address

70 East Lake Street

Suite, Apt. #, etc.

#600

City & State

Chicago, Illinois

Zip

60601

Country

USA

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

5/14/99

6. FEI Number

74-2917677

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

LexisNexis Document Solutions, Inc.

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

3953 W.W. Kelley Road

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32311

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

REGISTERED AGENT MUST SIGN

Date

10-17-02

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	TVO Lakes, LLC	70 East Lake Street, #600	Chicago, Illinois 60601

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

Date 09/24/02

Daytime Phone # (312) 553-1133

Typed or printed name of signing Managing Member/Manager

Daniel J. Gumbiner VP of TVO Lakes Manager Inc, Mng Mem of TVO Lakes LLC

CR2E041 (9/01)

Lexis

Requester's Name

Front Counter

Address

City/State/Zip

Phone #

FILED

2002 OCT 18 PM 2:11

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Randolph Lakes, LLC M99-73
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☒ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☒ Reinstatement
☐ Trademark
☐ Other

RECEIVED
02 OCT 18 PM 1:55
DIVISION OF CORPORATION

Examiner's Initials