

H05000256017 7

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 11:16

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000032971

1. Corporation Name

Lakes Kingdom II inc.

2. Principal Office Address

14395 SW 139 Ct.

Suite, Apt. #, etc.

# 101

City &amp; State

Miami, FL

Zip

33180

Country

US

3. Mailing Office Address

14395 SW 139 Ct.

Suite, Apt. #, etc.

# 101

City &amp; State

Miami, FL

Zip

33180

Country

US

REINSTATEMENT 02-05

4. Date Incorporated or Qualified  
To Do Business in Florida

4/2/01

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

30/15 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Victor F. Seljas

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

14395 SW 139 Ct.

Suite, Apt. #, Etc.

# 101

City

Miami

State

FL

Zip Code

33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0006 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/3/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
| MEM    | VICTOR F. SELJAS                     | 14395 SW 139 Ct #101                              | Miami, FL 33180    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0001 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-378-0123

Daytime Phone #

H05000256917 3

K. E. E. NOV - 4 2005

Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850) 205-0384

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

**CORPORATION REINSTATEMENT**

**LAKES KINGDOM III INC.**

|                       |            |
|-----------------------|------------|
| Certificate of Status | 1          |
| Certified Copy        | 0          |
| Page Count            | 02         |
| Estimated Charge      | \$1,208.75 |

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