APPROVED AND FILED
H05000257179 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 NOV -3 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000032980

1. Corporation Name

Lakes Kingdom III inc.

REINSTATEMENT 0205

2. Principal Office Address	3. Mailing Office Address
14395 SW 139 ct.	14395 SW 139 ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
# 101	# 101
City & State	City & State
Miami, FL	Miami, FL
Zip / Country	Zip / Country
33186 US	33186 US

4. Date Incorporated or Qualified To Do Business in Florida: 4/02/01

5. FEI Number: ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: VICTOR F. SEIJAS

Street Address (P.O. Box Number is Not Acceptable): 14395 SW 139 ct.

Suite, Apt. #, Etc.: # 101

City: Miami | State: FL | Zip Code: 33186

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 11/3/05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGM	VICTOR F. SEIJAS	14395 SW 139 Ct #101	MIAMI, FL 33186

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 607.0401 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)(i), 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: _____ 11/3/05 305-378-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. Eckel NOV - 4 2005

Florida Department of State
Division of Corporations
Public Access System

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(((H05000256917 3)))

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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 KINDOM II INC.

Certificate of Status	1
Certified Copy	0
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