FILED
H05000236913 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000002341

1. Limited Liability Company's Name
EDEN LAKES INC.

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
8165 NW 155 ST.	8165 NW 155 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI LAKES, FL	City & State: MIAMI LAKES, FL.
Zip: 33016 Country: US	Zip: 33016 Country: US

4. State/Country of Formation: FLORIDA
5. Date Organized or Qualified To Do Business in Florida: 1-9-98
6. FEI Number: 65-0804160 — Applied For / Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: MARIO FERRO JR.
Street Address (P.O. Box Number is Not Acceptable): 8165 NW 155 ST.
Suite, Apt. #, Etc.:
City: MIAMI LAKES — State: FL — Zip Code: 33016

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: X [signature] — REGISTERED AGENT MUST SIGN — Date: 10/4/05

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
M.D.	MARIO FERRO JR.	8165 NW 155 ST.	MIAMI LAKES FL. 33016

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 608.408, 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: X [signature] — Date: 10/4/05 — Daytime Phone #: 305-822-6822

Typed or printed name of signing Managing Member/Manager: _____

2 of 2

Florida Department of State

Division of Corporations
Public Access System

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(((H05000236913 3)))

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CORPORATION REINSTATEMENT

EDEN LAKES INC.

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