





# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # V02087</b> 1. Entity Name LAKE SHORE DRIVE, INC.						FILED 06 AUG 24 PM 2:08 SEC. OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 7485 LAKE MARSHA DR ORLANDO, FL 32819 US				Mailing Address 112 EAST CONCORD STREET ORLANDO, FL 32801							
2. Principal Place of Business 545 Delaney Avenue Suite, Apt. #, etc. Building #7 City & State Orlando, FL Zip 32801 Country Orange		3. Mailing Address 545 Delaney Avenue Suite, Apt. #, etc. Building #7 City & State Orlando, FL Zip 32801 Country Orange		 <b>REINSTATEMENT 05-06</b> 08212006 REIN-P CR2E098 (11/05)							
4. FEI Number 59-3098493				Applied For <input type="checkbox"/> Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent  ROBB, PAMELA M 1311 S. VINELAND RD. WINTER GARDEN, FL				7. Name and Address of New Registered Agent Name Urban & Thier, P.A. Street Address (P.O. Box Number is Not Acceptable) 545 Delaney Avenue, Building #7 City Orlando FL Zip Code 32801							
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				Carl-Christian Thier <small>(NOTE: Registered Agent signature required when reinstating)</small>				08/21/06 <small>DATE</small>			
<b>FILE NOW!!! FEE IS \$900.00</b>											
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THIER, CARL-CHRISTIAN 7485 LAKE MARSHA DR ORLANDO, FL 32819			<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		800079213748 08/29/06--01016--025 ***900.00		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Carl-Christian Thier <small>Date</small>				08/21/06 <small>Daytime Phone #</small>		407-245-8360	