

PLEASE READ ALL INSTRUCTIONS BEFORE


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>41-136237</u>					
1. Limited Liability Company's Name Chapel Creek CDD Holdings, LLC					
2. Principal Office Address - No P.O. Box # 3434 Colwell Avenue Suite, Apt #, etc. 200 City & State Tampa, Florida Zip <u>614</u> Country 33164 USA		3. Mailing Office Address 3434 Colwell Avenue Suite, Apt #, etc. 200 City & State Tampa, Florida Zip <u>614</u> Country 33164 USA		4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida <u>12/02/2011</u>					
6. FEI Number				Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status					
8. Name and Address of Current Registered Agent Name William Rizzetta Street Address (P.O. Box Number is Not Acceptable) 3434 Colwell Avenue Suite, Apt #, Etc. 200 City Tampa				E-mail Address: Brizzetta@rizzetta.com (To be used for future annual report notices)	
State FL				Zip Code 33614	
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 <u>William Rizzetta</u> Date <u>3/28/2013</u> REGISTERED AGENT MUST SIGN					
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	
MGR	<u>43000042798</u> Rizzetta - Chapel Creek Properties, LLC	3434 Colwell Avenue		Tampa, Florida 33614	
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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S. Signature of Managing Member/Manager <u>William Rizzetta</u> Date <u>3/28/13</u> Daytime Phone # <u>813-933-5771</u> Typed or printed name of signing Managing Member/Manager <u>William Rizzetta</u>					

BA Williams APR 16 2013