

L02000005417

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

05 MAY 23 PM 3:00

DOCUMENT # L02000005417

1. Limited Liability Company's Name

C&K PROPERTY HOLDINGS, LLC

2. Principal Office Address

3122 Tala Loop

Suite, Apt. #, etc.

City & State

Longwood, Florida

Zip

32779

Country

USA

3. Mailing Office Address

3122 Tala Loop

Suite, Apt. #, etc.

City & State

Longwood, Florida

Zip

32779

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified To Do Business in Florida

03/04/2002

6. FEI Number 01-0632615

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Sharon M. Coatoam

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

3122 Tala Loop

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32779

800055148668

05/23/05--01069--007 **300.00

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

Sharon Coatoam

Date

5/20/05

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
MEM	Gary Coatoam	3122 Tala Loop	Longwood, FL 32779
MEM	Sharon M. Coatoam	3122 Tala Loop	Longwood, FL 32779
MEM	Jared Krieger	1307 Tadsworth Terrace	Heathrow, FL 32746

REINSTATEMENT 2003-2005
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FF \$250.00
OP 50.00

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 608.406, 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

[Signature]

Date

5/20/05

Daytime Phone #

407-865-6363

Typed or printed name of signing Managing Member/Manager