


L02000005417

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 MAY 23 PM 3:00

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L02000005417

1. Limited Liability Company's Name

C&K PROPERTY HOLDINGS, LLC

2. Principal Office Address 3122 Tala Loop		3. Mailing Office Address 3122 Tala Loop	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Longwood, Florida		City & State Longwood, Florida	
Zip 32779	Country USA	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 <input type="checkbox"/> \$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

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

REINSTATEMENT 2003-2005
 FF \$250.00
 OP 50.00
 [Signature]

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 _____

CR25041 (10/02)