

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		13 MAR 12 PM 12:46  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L00000002694 1. Limited Liability Company's Name <b>CAP DEVELOPMENT COMPANY, LLC</b>					
2. Principal Office Address - No P.O. Box # <b>c/o Cascade Centro Asturiano LLC</b>		3. Mailing Office Address <b>c/o Cascade Centro Asturiano LLC</b>		4. State/Country of Formation <b>Florida</b>  5. Date Organized or Qualified To Do Business in Florida <b>03/09/2000</b>  6. FEI Number <b>50-3630197</b>  7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
Suite, Apt. #, etc. <b>2801 Alaskan Way Ste 200</b>		Suite, Apt. #, etc. <b>2801 Alaskan Way Ste 200</b>			
City & State <b>Seattle</b>		City & State <b>Seattle</b>			
Zip <b>98121</b>	Country <b>USA</b>	Zip <b>98121</b>	Country <b>USA</b>		
8. Name and Address of Current Registered Agent Name <b>Corporation Service Company</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b> Suite, Apt. #, Etc.  City <b>Tallahassee</b>				E-mail Address:  <b>rfoster@pinnaclefamily.com</b> (To be used for future annual report notices)	
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>Maurice Cathell, A/P</u> Date <u>2-22-13</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		
MGMR	Cascade Centro Asturiano LLC	2801 Alaskan Way, Ste 200	Seattle, WA 98121		
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. 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>Stanley J. Harrelson</u> Date <u>1/25/13</u> Daytime Phone # <u>206-215-9711</u>					
Typed or printed name of signing Managing Member/Manager <b>Stanley J. Harrelson, Manager</b>					