

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 20 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000006543

1. Limited Liability Company's Name

CAP-TAMPA 12, LLC

2. Principal Office Address

131 FALLS ST

Suite, Apt. #, etc.

100

City & State

Greenville SC

Zip Country

29601 US

3. Mailing Office Address

P.O. Box 10588

Suite, Apt. #, etc.

City & State

Greenville, SC

Zip Country

29603 US

4. State/Country of Formation

SC / US

5. Date Organized or Qualified
To Do Business in Florida

JUNE 6, 2000

6. FEI Number

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

F&L Corp

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

200 LAURA ST.

Suite, Apt. #, Etc.

City

JACKSONVILLE

700004717927-3

-12/11/01--01016--025

***150.00 ***150.00

700004717927-3

-12/11/01--01016--026

*****5.00 *****5.00

State Zip Code
FL 32202-3520

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 Charles V. H. R.

Date

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	DAVID W. GLENN	131 FALLS ST, Suite 100	Greenville SC 29601
MEM	CHRIS C. HALL	131 FALLS ST, Suite 100	Greenville SC 29601
MEM	C. Guy Woods Right	131 FALLS ST, Suite 100	Greenville SC 29601

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 David W. Glenn

Date 10-15-01

Daytime Phone # 864-271-3894

Typed or printed name of signing Managing Member/Manager