

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 24 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000014902

1. Limited Liability Company's Name

CED CAPITAL HOLDINGS 2000 X, L.L.C.

500011786445
02/04/03--01059--026 **205.00

2. Principal Office Address

1551 Sandspur Road

3. Mailing Office Address

P.O. Box 4961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Maitland, Florida

City & State

Orlando, Florida

Zip

32751

Country

USA

Zip

32802-4961

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/04/2000

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

B&C Corporate Services of Central Florida, Inc.

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

390 North Orange Avenue, Suite 1100

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

[Signature] Vice President
REGISTERED AGENT MUST SIGN

Date

1/27/03

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	Jay P. Brock	1551 Sandspur Road	Maitland, Florida 32751
MGR	Alan H. Ginsburg	1551 Sandspur Road	Maitland, Florida 32751
MGR	Michael J. Sciarrino	1551 Sandspur Road	Maitland, Florida 32751
MGR	Tricia Doody	1551 Sandspur Road	Maitland, Florida 32751

REINSTATEMENT

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

Date

1/22/03

Daytime Phone# (407) 741-8500

Typed or printed name of signing Managing Member/Manager
Tricia Doody, Manager

CR2E041 (10/02)