

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jill Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 18 PM 1

W 3/20

1. DOCUMENT # L01000012312

Name and Mailing Address

0009692 01 FP 0.352 \*\*PRSRT H4 0 0615 32903-310840  
MITCHLEN PROPERTIES, LLC  
140 3RD AVENUE  
INDIALANTIC FL 32903-3108

REINSTATEMENT 2002-2003



2. New Mailing Address

950 Humboldt Street

City, State, Zip  
DENVER, Colorado 80218

Principal Place of Business

140 3RD AVENUE  
INDIALANTIC FL 32903

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

07/26/2001

6. FEI Number

65-1129572

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

WAHLEN, CHARLES H  
140 3RD AVENUE  
INDIALANTIC FL 32903

9. Name and Address of New Registered Agent

Name

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

600014317606  
03/18/03--01038--018 \*\*200.00

City

FL

Zip Code

10. 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]*

Date 3/11/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MANAGER	Charles H. Wahlen	22658 E. WEAVER Drive Aurora, Colorado	AURORA, CO 80016
MANAGER	Mitchell E. Right	950 Humboldt Street	DENVER, CO 80218

REINSTATEMENT

2002-  
2003

12. 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 3/11/03

Daytime Phone # 303-882-0996

CR2E084 (8/02)