L02000034896

APPROVED AND FILED 103

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000034896

REINSTATEMENT 2003

1. Limited Liability Company's Name
Cactus SE 17 Terrace LLC

2. Principal Office Address	3. Mailing Office Address
1217 E. Cape Coral Pkwy	1217 E. Cape Coral Pkwy
Suite, Apt. #, etc. 306	Suite, Apt. #, etc. 306
City & State Cape Coral, FL.	City & State Cape Coral, Florida
Zip 33904 County Lee	Zip 33904 Country Lee

4. State/Country of Formation Florida

5. Date Organized or Qualified To Do Business in Florida 12-24-02

6. FEI Number 30-0141792 Applied For / N/A Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Kimberly A. Aslakson

Street Address (P.O. Box Number is Not Acceptable): 419 SW 33rd Street

Suite, Apt. #, Etc.:

City: Cape Coral State: FL Zip Code: 33914

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: Kimberly A. Aslakson Date: 12-3-03

REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Suzanne A. Scarborough	419 SW 33rd Street	Cape Coral, FL. 33914

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 doing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.508, F.S., and that all taxes 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: Suzanne A. Scarborough Date: 12-3-03 Daytime Phone # 239-464-6036

Typed or printed name of signing Managing Member/Manager: SUZANNE A. Scarborough

2083

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 4, 2003

CACTUS SE 17TH TERRACE, LLC
731 SE 43RD STREET
CAPE CORAL, FL 33904

SUBJECT: CACTUS SE 17TH TERRACE, LLC
REF: L02000034896

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

FAX Aud. #: H03000329369
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LIMITED LIABILITY REINSTATEMENT

CACTUS SE 17TH TERRACE, LLC

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