

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000073270

1. Limited Liability Company's Name

APARTMENTS & HOUSES, L.L.C.

2. Principal Office Address - No P.O. Box #
12606 EARNEST AVE.

Suite, Apt. #, etc.

3. Mailing Office Address
2151 CONSULATE DR.

Suite, Apt. #, etc.

7

City & State
ORLANDO--FL

City & State
ORLANDO FL

Zip **32837** Country **USA**

Zip **32837** Country **USA**

8. Name and Address of Current Registered Agent

Name
C.A.C. INVESTMENT PROPERTIES L.L.C.

Street Address (P.O. Box Number is Not Acceptable)
2151 Consulate Dr.

Suite, Apt. #, Etc.
7

City
Orlando

State **FL** Zip Code **32837**

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

REGISTERED AGENT MUST SIGN

Date **09/18/2007**

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
Mgrm	Johanna P. Serrato	14118 Islamorada Dr.	Orlando FL 32837
Mgrm	Juan Cordoba	13128 Moss Park Ridge Dr.	Orlando FL 32832

REINSTATEMENT
05-07

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 **09/18/2007**

Daytime Phone # **(407) 859-0636**

Typed or printed name of signing Managing Member/Manager **Johanna P. Serrato**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09/21/07--01054--007 **150.00

CR2E041 (1/07)

4. State/Country of Formation **FLORIDA**

5. Date Organized or Qualified
To Do Business in Florida **10/08/2004**

6. FEI Number **26-0595514**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.