

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 MAY -6 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

L05000004067

CHTFA, LLC

700154584517  
05/01/09--01002--009 \*\*416.25

2. Principal Office Address - No P.O. Box #

4454 WYNKOOP

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE

City & State

FL

Zip

33948

Country

USA

Zip

33948

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

01/13/2005

6. FEI Number

20-2018288

☐ 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

JOSEPH MURRAY

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

4454 WYNKOOP

Suite, Apt. #, Etc.

City

PORT CHARLOTTE, FL

State

FL

Zip Code

33948

☒ 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.

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

*Joseph E Murray*  
REGISTERED AGENT MUST SIGN

Date

4/28/2009

**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
Mr.	Joseph E Murray, MBR	564 KIRKWOOD DRIVE	LONDON, KY 40744
Mr.	Michael P Murray, MBR	5211 LAKEVIEW DRIVE	DURHAM, NC 27713

**REINSTATEMENT -07-08-09**

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

*Joseph E Murray*

Date

4/28/2009

Daytime Phone #

960-528-7490

Typed or printed name of signing Managing Member/Manager

JOSEPH E MURRAY, MEMBER X2022