


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR -3 PM 3:34

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L06000054249

1. Limited Liability Company's Name

Callahan Holdings Properties LLC
(formerly known as Callahan Properties LLC)

REINSTATEMENT 13-15

004/21

CR2ED41 (1/14)

2. Principal Office Address - No P.O. Box # <u>2251 St. Johns Bluff Road S</u>		3. Mailing Office Address <u>8100 CYPRESS</u> <u>PO Box 1584 HobeLOW CT.</u>	
Suite, Apt. #, etc <u>8100 CYPRESS</u> <u>HOBLOW COURT</u>		Suite, Apt. #, etc	
City & State <u>PONTE VEDRA, FL</u> <u>Jacksonville, FL</u>		City & State Ponte Vedra, FL	
Zip <u>32082</u> <u>32246</u>	Country	Zip <u>32082</u> <u>32084</u>	Country

4. State/Country of Formation	Florida/Duval
5. Date Organized or Qualified To Do Business in Florida	5/25/2006
6. FEI Number	20-5028255
<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name Robert Kennelly			
Street Address (P.O. Box Number is Not Acceptable) Suite, c/o BHK Capital LLC, 1548 The Greens Way			
Apt. #, Etc. Suite 6			
City Jacksonville Beach	State FL	Zip Code 32250	

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Robert C Kennelly Date 4/1/2015
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Shea Investment Group, Inc.	<u>2251 St. Johns Bluff Road S</u>	<u>Jacksonville, FL 32246</u>
		<u>8100 CYPRESS HOBLOW COURT</u>	<u>PONTE VEDRA, FL 32082</u>

11. E-mail Address: rkennelly@bhkcap.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member John W. Shea Date April 1, 2015 Daytime Phone (904) 285-5169
Typed or printed name of signing authorized representative/member John Shea