L08000089962

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000115650 3)))

H11000115650 3ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FOWLER WHITE BURNETT P.A.
Account Number : 071250001512
Phone : (305)789-9200
Fax Number : (305)789-9201

FILED
11 APR 28 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: akelley@fowler-white.com

RECEIVED
11 APR 28 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
CHANCE REAL ESTATE PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$516.25

D. BRUCE
APR 29 2011
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

April 28, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FOWLER WHITE BURNETT P.A.

SUBJECT: CHANCE REAL ESTATE PROPERTIES, LLC
REF: L08000018962

FILED
11 APR 28 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

The registered agent must sign accepting the designation.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

FAX Aud. #: H11000115650
Letter Number: 511A00010299

Audit No. H11000115650 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
11 APR 28 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # L08000018962

1. Limited Liability Company's Name

CHANCE REAL ESTATE PROPERTIES, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1018 BAYSIDE COVE	1018 BAYSIDE COVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEWPORT BEACH, CA	City & State: NEWPORT BEACH, CA
Zip: 92660 Country: USA	Zip: 92660 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 02/21/2008

6. FEI Number: 45-2023175 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ ($5.00 Additional Fee Required)

8. Name and Address of Current Registered Agent

Name: ALLAN R. KELLEY, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 1395 BRICKELL AVENUE

Suite, Apt. #, Etc.: 14TH FLOOR

City: MIAMI State: FL Zip Code: 33131

E-mail Address: skelley@fowler-white.com
(To be used for future annual report notices)

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: Allan R. Kelley Date: 4-28-11
REGISTERED AGENT MUST SIGN

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	McCARTHY, KEVIN S.	1018 BAYSIDE COVE	NEWPORT BEACH, CA 92660
MGRM	McCARTHY, CATHY L.	1018 BAYSIDE COVE	NEWPORT BEACH, CA 92660

REINSTATEMENT 04-11 DB

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 608.508, 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 Managing Member/Manager: Kevin L McCarthy Date: 04/27/11 Daytime Phone #:

Typed or printed name of signing Manager/Member/Manager:

Audit No. H11000115650 3