PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2021 JUN -8 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000051204

1. Limited Liability Company's Name
CA & C Henderson Properties, LLC

500367812715
06/08/21--01008--013 **937.50

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
350 79th Ave N	350 79th Ave N
Suite, Apt. #, etc #208	Suite, Apt. #, etc #208
City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip / Country 33702 / USA	Zip / Country 33702 / USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified To Do Business in Florida
05/27/2009

6. FEI Number
27-0294397
☐ 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
Aaron Blum

Street Address (P.O. Box Number is Not Acceptable) Suite
350 79th Ave N

Apt. #, Etc
#208

City	State	Zip Code
St. Petersburg	FL	33702

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 _____ Date 06/04/2021

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
AR	Courtney Blum	9691 2nd Street N	St. Petersburg, FL 33702
	REINSTATEMENT	JUN 08 2021	
		R. HUNT	

11 E-mail Address ABLUM55@MSN.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 any 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 _____ Date 06/04/2021 Daytime Phone # 813-477-7760

Typed or printed name of signing authorized representative/member Aaron Blum