FILED

2017 SEP 27 PM 12:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

000303954040

DOCUMENT # L16000166241

1. Limited Liability Company's Name

CPC DAC, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
800 VANDERBILT BEACH RD.	<SAME>
Suite Apt. #, etc.	Suite Apt. #, etc.
City & State: NAPLES, FL	City & State:
Zip: 34108 / Country: USA	Zip: / Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 9/1/2016

6. FEI Number: 81-3819125 ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) Suite: 1201 HAYS ST

Apt. #, Etc:

City: TALLAHASSEE | State: FL | Zip Code: 32301

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 _____

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	GLL XX, LLC	800 VANDERBILT BEACH RD.	NAPLES, FL 34108

SEP 27 2017

C. CARROTHERS

11. E-mail Address: jlippert@coreproperty capital.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 _____ Date 09/27/2017 Daytime Phone # 239-213-1944

Typed or printed name of signing authorized representative/member JOSHUA LIPPERT

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 837622 8086017

AUTHORIZATION

COST LIMIT : $ 238.75

ORDER DATE : September 27, 2017

ORDER TIME : 3:58 PM

ORDER NO. : 837622-005

CUSTOMER NO: 8086017

DOMESTIC FILINGS

17 SEP 27 PM 4:44

NAME: CPC OAC, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext#

EXAMINER'S INITIALS _____