

FILED

2011 SEP 27 PM 12:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

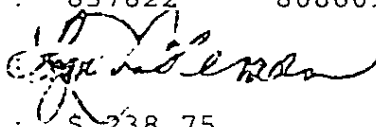
LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2017 SEP 27 PM 12:00 SECRETARY OF STATE TALLAHASSEE FLORIDA
DOCUMENT # L 16000 166241 1. Limited Liability Company's Name CPC OAC, LLC		000303954040		
2. Principal Office Address - No P.O. Box # 800 VANDERBILT BEACH RD. Suite Apt. #, etc. City & State NAPLES, FL Zip Country 34108 USA		3. Mailing Office Address <SAME> Suite Apt. #, etc. City & State 7 Zip Country Zip Country Zip Country		
8. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) Suite 1201 WAYS ST Apt. #, Etc. City State Zip Code TALLAHASSEE FL 32301		4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 9/1/2016 6. FEI Number 81-3819125 7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status		
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	GCLL XX, LLC	800 VANDERBILT BEACH RD.	NAPLES, FL 34108	
11. E-mail Address j.lippert@corepropertycapital.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 JOSHUA LIPPERT Date 09/27/2017 Daytime Phone # 734-213-1944 Typed or printed name of signing authorized representative/member JOSHUA LIPPERT				

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, 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

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 _____

17 SEP 27 PM 4:44