

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPL FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Division of Corporations

1. DOCUMENT # L97000000328

Name and Mailing Address

0004797 01 FP 0.352 **PRSR T5 0 0615 33605-490513



CASA DE NINOS PROPERTIES, L.C.

1213 EAST SIXTH AVE

TAMPA FL 33605-4905

000008643550

10/29/02--01025--019 **150.00



REINSTATEMENT

2002

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

Principal Place of Business

2002 E. 4TH AVENUE
TAMPA FL 33605

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/19/1997

6. FEI Number

59-3441773

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

DECEMBER, CHRIS
2002 E. 4TH AVENUE
TAMPA FL 33605

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

10. 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

REGISTERED AGENT MUST SIGN

Date

10/22/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	GAINES, STEPHANIE D	3214 W. TAWN ST.	TAMPA FL 33629
MEM	GAINES, RONALD	3214 W. TAWN ST.	TAMPA FL 33629
MEM	DECEMBER, CHRISTOPHER K	2421 88TH AVE., NE	CLYDE HILL WA 98004
MEM	DECEMBER, STEPHANIE M	2421 88TH AVE., NE	CLYDE HILL WA 98004
MEM	SMITH, MIKE	108 BREMEN LN	MCMURRAY PA 98004

REINSTATEMENT

2002

12. 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 608.406, 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.

Signature of
Managing Member/Manager

Date

Daytime Phone #

813 228 8000

Typed or printed name of signing Managing Member/Manager

STEPHANIE GAINES