

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L97000000328

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda Hood
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 18 PM 12:32
LH 11/26

1. DOCUMENT # L97000000328
Name and Mailing Address

0009228 01 AT 0.292 **AUTO T4 0 0615 33605-490513
CASA DE NINOS PROPERTIES, L.C.
1213 EAST SIXTH AVE
TAMPA FL 33605-4905



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/19/1997	
Principal Place of Business 2002 E. 4TH AVENUE TAMPA FL 33605	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3441773	Applied For Not Applicable
8. Name and Address of Current Registered Agent DECEMBER, CHRIS 2002 E. 4TH AVENUE TAMPA FL 33605		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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 SIGNATURE REQUIRED Date 10/15/03

REGISTERED AGENT MUST SIGN

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 MGRM	3214 W. TOWN ST. TACON ST.	TAMPA FL 33629
MEM	GAINES, RONALD MGRM	3214 W. TOWN ST. TACON ST.	TAMPA FL 33629
MEM	DECEMBER, CHRISTOPHER K MGRM	2421 88TH AVE., NE	CLYDE HILL WA 98004
MEM	DECEMBER, STEPHANIE M MGRM	2421 88TH AVE., NE	CLYDE HILL WA 98004
MEM	SMITH, MIKE MGRM	106 BREMEN LN	MCMURRAY PA 98004

REINSTATEMENT 2003 300024184133
10/28/03--01007--006 **150.00

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 SIGNATURE REQUIRED Date 10/15/03 Daytime Phone # 206-354 7135

Typed or printed name of signing Managing Member/Manager