

L99000002002

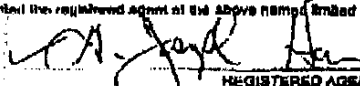
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L99000002002 1. Limited Liability Company's Name C & H DEVELOPMENT OF FLORIDA, L.L.C.			
2. Principal Office Address 731 Hillcrest Drive		3. Mailing Office Address P.O. Box 9138	
4. State/Country of Formation Florida/Manatee		5. Date Organized or Qualified To Do Business in Florida 4/9/1999	
6. FPI Number 65-0927311		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 G. Joseph Harrison Street Address (P.O. Box Number is Not Applicable) 1206 Manatee Avenue West Suite, Apt. #, Etc. City Bradenton		State FL	
9. City/State Bradenton, FL		10. City/State Bradenton, FL	
11. Zip 34209		12. Zip 34206	
Country Manatee		Country Manatee	

9. City/State Bradenton, FL		10. City/State Bradenton, FL	
11. Zip 34209		12. Zip 34206	
Country Manatee		Country Manatee	

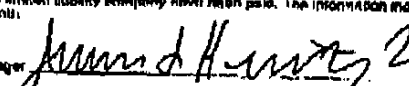
13. I, having appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date **July 20, 2004**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
TYPE	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City/State/Zip
MGR	JAMES J. HEAGERTY, JR	731 Hillcrest Drive	Bradenton, FL 34209
MEM	JAMES J. HEAGERTY, JR	731 Hillcrest Drive	Bradenton, FL 34209
REINSTATEMENT 2000-2004			

11. 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 no fee has been paid by the limited liability company to reinstate the requirements of Section 608.406, F.S., and that no fee is due under this application. The information included on this application is true and accurate, and my signature shall have the same legal effect.

Signature of Managing Member/Manager  Date **7-20-04** Daytime Phone # **961-727-2800**

Typed or printed name of signing Managing Member/Manager _____

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HARRISON, HENDRICKSON & KIRKLAND, P.A.
Account Number : 120010000002
Phone : (941) 746-1167
Fax Number : (941) 746-9229

LIMITED LIABILITY REINSTATEMENT

C & H DEVELOPMENT OF FLORIDA, L.L.C.

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