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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HILL WARD HENDERSON
Account Number : 072100000520
Phone : (813) 221-3900
Fax Number : (813) 221-2900

2682-013

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Sheese@chriscraft.com

**LIMITED LIABILITY REINSTATEMENT
CC PROPERTY ACQUISITION, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$243.75

\$143.75

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HILL, WARD & HENDERSON

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M01000001612			
1. Limited Liability Company's Name CC PROPERTY ACQUISITION, LLC			
2. Principal Office Address - No P.O. Box # 8161 15TH STREET EAST Suite, Apt. #, etc.		3. Mailing Office Address 8161 15TH STREET EAST Suite, Apt. #, etc.	
City & State SARASOTA, FLORIDA		City & State SARASOTA, FLORIDA	
Zip 34243	Country USA	Zip 34243	Country USA
4. State/Country of Formation DELAWARE		5. Date Organized or Qualified To Do Business in Florida 07/19/2001	
6. FEI Number 651142877		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name STEPHEN F. HEESE			
Street Address (P.O. Box Number is Not Acceptable) 8161 15TH STREET EAST			
Suite, Apt. #, Etc.			
City SARASOTA		State FL	Zip Code 34243
9. I, being appointee 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 <i>Stephen F. Heese</i>		Date 12-16-09	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CHRIS CRAFT CORPORATION	8161 15TH STREET EAST	SARASOTA, FLORIDA 34243
REINSTATEMENT 2009			
1. E-mail Address: sheese@chriscraft.com			
(To be used for future annual report notifications)			
2. 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 <i>Stephen F. Heese</i>		Date 12-16-09	Daytime Phone # 941 302 9566
3. Paid or printed name of signing Managing Member/Manager STEPHEN F. HEESE, PRESIDENT OF MANAGING MEMBER			

CR2E041 (11/09)

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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