

M01000000 2533

00789-02686-01069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

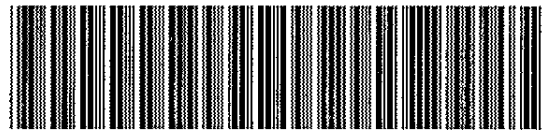
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE
DIVISION OF CORPORATIONS
STATE OF FLORIDA

11/5 CVS RET

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MLH

11/05/02--01032--005 **155.00

FILED
02 NOV -5 PM 2:51
TALLAHASSEE
FLORIDA

CT CORPORATION

November 5, 2002

Secretary of State, Florida
409 East Gaines Street
N/A
Tallahassee FL 32399

Re: Order #: 95664569 WO
Customer Reference 1: CECILE RESORT
Customer Reference 2: Sale of Cecile Resort

Dear Secretary of State, Florida:

Please file the attached:

Cactus Resort Properties III, LLC (DE)
Certificate of Status-Foreign
Florida

Cactus Resort Properties III, LLC (DE)
Obtain Document - Misc - Special Document - Certificate of Authority (Florida) -
Florida

Certified copy of Articles

Cactus Resort Properties III, LLC (DE)
Reinstatement
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at
(850) 222-1092. Thank you very much for your help.

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

CT CORPORATION

Sincerely,

Katrina Forsman
Fulfillment Specialist
Katrina_Forsman@cch-lis.com



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

November 5, 2002

CT CORPORATION

SUBJECT: CACTUS RESORT PROPERTIES III, LLC
Ref. Number: M01000002533

RECEIVED
02 NOV -6 PM 4:12
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for CACTUS RESORT PROPERTIES III, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 702A00060494

*Please back date
to 11/5/02*

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

LIMITED LIABILITY
COMPANY
REINSTATEMENT

02 NOV -5 PM 2:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # MO10000002533

1. Limited Liability Company's Name

Cactus Resort Properties III, LLC

2. Principal Office Address

4800 N. Scottsdale Road

Suite, Apt. #, etc.

City & State

Scottsdale AZ

Zip

85251

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

11-9-2001

6. FEI Number

86-1019563

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

9. 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

Jonnie Bryan

JONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 11/5/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M&MR	FINOVA Capital Corporation	4800 N. Scottsdale Road	Scottsdale, AZ 85251

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 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.

FINOVA Capital Corporation

Signature of

Managing Member/Manager

Stuart A. Tashlik

Date 11-4-02

Daytime Phone# (480) 636-4800

Sole Member

Typed or printed name of signing Managing Member/Manager

Stuart A. Tashlik, Senior V.P.