H16000280912

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 14, 2016 08:00 AM
Secretary of State

DOCUMENT # M02000002883

1. Limited Liability Company's Name

KITTENGER PROPERTIES, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10606 Birch St	10606 Birch St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Thornton CO	City & State: Thornton CO
Zip: 80233 Country: USA	Zip: 80233 Country: USA

4. State/Country of Formation: VA

5. Date Organized or Qualified To Do Business in Florida: 10/31/2002

6. FEI Number: ☐ 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: C T 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 605, F.S.

Signature of Registered Agent _____ Date 11/11/2016

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	GERALD GREEN	10606 Birch St	Thornton CO
MGR	JANE GREEN	10606 Birch St	Thornton CO

11. E-mail Address: JGGIVCRMON1@YAHOO.COM (To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 11-10-16 Daytime Phone # 510 421 2769

Typed or printed name of signing Authorized Representative/Manager GERALD GREEN

[redacted]/22/17 FLORIDA DIVISION OF CORPORATIONS 8:08 AM
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(((H16000280812 1)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4003

FROM: C T CORPORATION SYSTEM ACCT#: FCA000000023
CONTACT: KIM LAUGHREY
PHONE: (614)280-3338 FAX #: (954)208-0845

NAME: KITTENGER PROPERTIES, LLC
AUDIT NUMBER.....H16000280812
DOC TYPE.....LIMITED LIABILITY REINSTATEMENT
CERT. OF STATUS..0 PAGES..... 2
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