

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000001805

1. Limited Liability Company's Name

Copeland's Properties LLC

2. Principal Office Address - No P.O. Box #
1028 Peach Street

Suite, Apt. #, etc.

City & State
San Luis Obispo, CA

Zip
93401

Country
United States

3. Mailing Office Address
P.O. Box 12280

Suite, Apt. #, etc.

City & State
San Luis Obispo, CA

Zip
93406

Country
United States

State/Country of Formation
California

5. Date Organized or Qualified
To Do Business in Florida **5/18/04**

6. Filing Number
77-0474771

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED

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, Florida

State
FL

Zip Code
33324

☐ 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.

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

M.T. Fitzpatrick
REGISTERED AGENT

M.T. FITZPATRICK
ASSISTANT SECRETARY

Date **10/10/2007**

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	James C. Copeland	1028 Peach Street	San Luis Obispo, CA, 93401
Manager	Thomas M. Copeland	1028 Peach Street	San Luis Obispo, CA, 93401

REINSTATEMENT

2005-2007
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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 608.408, 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

Thomas M. Copeland

Date **10/10/07**

Daytime Phone **805-593-0200**

Typed or printed name of signing Managing Member/Manager

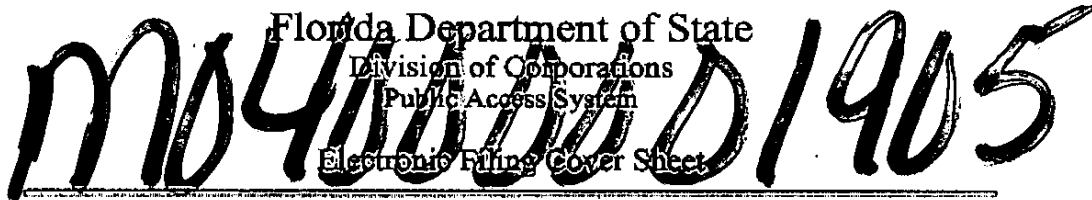
Thomas M. Copeland

07 OCT 11 AM 8:09

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

COPELAND'S PROPERTIES LLC

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