

M05000003033

Florida Department of State
Division of Corporations
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To:

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Account Name : C T CORPORATION SYSTEM
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LIMITED LIABILITY REINSTATEMENT CH AMELIA I, LLC

Certificate of Status	0
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C. LEWIS

AUG 14 2012

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M05000003033			
1. Limited Liability Company's Name CH AMELIA I, LLC			
2. Principal Office Address - No P.O. Box # 11101 West 120th Avenue		3. Mailing Office Address 11101 West 120th Avenue	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Broomfield, CO		City & State Broomfield, CO	
Zip 80031	Country USA	Zip 80031	Country USA
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 2005	
6. FEI Number 20-0624280		Applied For ☐ Not Available	
7. CERTIFICATE OF STATUS DESIRED ☐		\$5.00 FILING FEE REQUIRED FOR A GOOD COPY OF STATE	
8. Name and Address of Current Registered Agent CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, etc. City Plantation		E-mail Address: fillings@quintess.com (To be used for future annual report notices)	
9. I, being registered 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>James D. Martin</i>		James D. Martin Asst. Vice President Date 8/10/12	
10. Names and Street Addresses of Managing Member/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Club Holdings Properties I, LLC	11101 West 120th Avenue, Suite 300	Broomfield CO 80031
REINSTATEMENT - 07-2012			
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 disqualification 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 317.185, F.S.			
Signature of Managing Member/Manager <i>Buy</i>		Date 8/10/2012 Office Phone 720-887-3275	
Typed or printed name of signing Managing Member/Manager Buy			

C.L.