

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 MAR 12 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000005528

1. Limited Liability Company's Name

CASCADE MOBLEY PARK LLC

Handwritten initials

RECEIVED 12-13

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

2801 Alaskan Way

3. Mailing Office Address

2801 Alaskan Way

State, Apt. #, etc.

200

State, Apt. #, etc.

200

City & State

Seattle

City & State

Seattle

Zip

98121

Country

USA

Zip

98121

Country

USA

4. State/Country of Formation

Washington

5. Date Organized or Qualified
To Do Business in Florida

10/03/2005

6. FEI Number

201707847

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

Corporation Service Company

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

1201 Hays Street

State, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

E-mail Address:

600244472058
02/07/13-01030-007 *\$377.50

rfoster@pinnaclefamily.com

(To be used for future annual report notices)

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

Maureen C. Bell, RP

Date 2-22-13

REGISTERED AGENT MUST SIGN

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
MGR	Stanley J. Harrelson	2801 Alaskan Way, Ste 200	Seattle, WA 98121
MGR	John A. Goodman	2801 Alaskan Way, Ste 200	Seattle, WA 98121

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. 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 817.155, F.S.

Signature of Managing
Member/Manager

Stanley J. Harrelson

Date 1/28/13

Daytime Phone # 206-215-9711

Typed or printed name of signing Managing Member/Manager Stanley J. Harrelson, Manager