

M07000002355

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
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RE-SUBMIT

original filing
date of submission 10/31

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LIMITED LIABILITY REINSTATEMENT SELLERS

CSH REAL PROPERTY 2 LLC

NOV - 4 2008

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED



November 3, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSH REAL PROPERTY 2 LLC
151 WOODHAM DRIVE
ALBERTVILLE, AL 35951

SUBJECT: CSH REAL PROPERTY 2 LLC
REF: M07000002355

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Leslie Sellers
Regulatory Specialist II


FAX Aud. #: H08000247691
Letter Number: 908A00055890

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #					
1. Corporation Name CSH Real Property 2 LLC					
2. Principal Office Address - No P.O. Box # 100 Milverton Drive Suite, Apt. #, etc. Unit 700 City & State Mississauga, Ontario Zip L5R 4H1			3. Mailing Office Address 100 Milverton Drive Suite, Apt. #, etc. Unit 700 City & State Mississauga, Ontario Zip L5R 4H1		
Country Canada			Country Canada		
4. Date Incorporated or Qualified To Do Business in Florida					
5. FEI Number 20-8888910				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS OBTAINED <input type="checkbox"/> <small>SEE INSTRUCTIONS FOR REQUIREMENTS</small>					
<input type="checkbox"/> The 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 reinstatement fee be waived.					
7. Name and Address of Current Registered Agent					
Name CT Corporation					
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation		State FL		Zip Code 33324	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0603, F.S.					
Signature of Registered Agent <i>Kathryn A. Williams</i>				Date 10/31/08	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	Stephen Suske	same as mailing address above			
B	Brent Binions	"			
V	Teresa Fritsche	"			
M	Vlad Volodarski	"			
V	Terry Ploeu	"			
REINSTATEMENT 08					
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: <i>Stephen Suske</i>				Date: OCT. 31/08	
SIGNATURE AND TYPED OR PRINTED NAME OF CLAIMED OFFICER OR DIRECTOR				Date Daytime Phone #	