PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 MAR -8 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M07000005171

1. Limited Liability Company's Name
Cah-Ida Pine Meadows LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2801 Alaskan Way	2801 Alaskan Way
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: 200
City & State: Seattle	City & State: Seattle
Zip: 98121 Country: USA	Zip: 98121 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 08/24/2007

6. FEI Number: 261607913 ☐ 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
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

E-mail Address:
100244472021
02/07/13--01030--004 **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 Cathell Date: 2-20-13
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	CAH-IDA Florida LLC	2801 Alaskan Way, Ste 200	Seattle, WA 98121

REINSTATEMENT
2012-13

S. HAWKES
MAR - 2013
EXAMINER

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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: Date: 1/28/13 Daytime Phone #: 206-215-9711

Typed or printed name of signing Managing Member/Manager: Cah-Ida Florida LLC by Stanley J. Harrelson, its Manager