

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 APR -1 AM 9:32

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M07000005174

1. Limited Liability Company's Name  
Cah-Ida Park Villas LLC

2. Principal Office Address - No P.O. Box #  
2801 Alaskan Way

Suite, Apt. #, etc.  
200

City & State  
Seattle

Zip  
98121

Country  
USA

3. Mailing Office Address  
2801 Alaskan Way

Suite, Apt. #, etc.  
200

City & State  
Seattle

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 Zip Code  
FL 32301

E-mail Address:

200246246272  
03/29/13--01030--001 \*\*377.5

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

*Maurice Cathell, A/P*

Date 3/1/13

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

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 3/8/13

Daytime Phone # 206-215-9711

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