

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 MAR 12 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M07000005189

1. Limited Liability Company's Name

Cah-Ida Running Brook LLC

CR2E041 (1/11)

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

N/A

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:

600244471996
02/07/13--01030--001 **\$77.50

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

Maurice Cahill, A/P

Date

2/28/13

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 |
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REINSTATEMENT

12-13

MAR 12 2013

T. SCOTT

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: Cah-Ida Florida LLC by Stanley J. Harrelson, its Manager



Rosemary Foster
rfoster@pinnaclefamily.com
Direct Dial – (214) 891- 7888

February 28, 2013

Via Certified Mail

Florida Dept. of State
Division of Corporations - Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sirs:

Re: CAH-IDA Running Brook LLC
Entity ID: M07000005189
Letter Number 813A00003783

Thank you for notifying me that supplemental filing information is required to process the reinstatement for the referenced entity. Please find the attached corrected document with the registered agent consent signature. Kindly return a file-stamped copy to me for our files.

If there are any other requirements to accept this reinstatement, please contact me directly at 214-891-7888.

Sincerely,

A handwritten signature in black ink, appearing to be "R. Foster", written over a horizontal line.

Rosemary Foster
Corporate Paralegal