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M99000000478

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
2002 OCT 29 PM 1:36
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M99000000478

Name and Mailing Address

0005269 01 FP 0.352 **PRSRT T6 0 0615 33761-213795

CAX LAKESHORE, L.L.C.
29399 US HWY. 19 N.
SUITE 320
CLEARWATER FL 33761-2137

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 03/31/1999

Principal Place of Business: 29399 US HWY. 19 N. SUITE 320 CLEARWATER FL 33761

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 86-0948081 ☐ 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

AMERICAN LAND LEASE INC
29399 US 19 NORTH, #320
CLEARWATER FL 33761

9. Name and Address of New Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

City: TALLAHASSEE FL Zip Code: 32301

10. 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: Brian Courtney, Asst Vice Pres. REGISTERED AGENT SIGNATURE Date: 10-28-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ASSET INVESTORS OPERATING PARTNERSHIP	29399 US 19 NORTH, #320	CLEARWATER FL 33761
			400008673884
			REINSTATEMENT 2002

12. 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.

Signature of Managing Member/Manager: [signature] Date: 10/28/02 Daytime Phone # 727 726 8868

Typed or printed name of signing Managing Member/Manager: Shawn E. Smith CFO

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2002 OCT 29 PM 1:36

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 798286 7233280

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 150.00

ORDER DATE : October 28, 2002

ORDER TIME : 8:27 AM

ORDER NO. : 798286-010

CUSTOMER NO: 7233280

CUSTOMER: Mr. Todd Sakow
American Land Lease
29399 Us Highway 19 North
Suite 320
Clearwater, FL 33761-2137

REINSTATEMENT

NAME: CAX LAKESHORE, L.L.C.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____