

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -2 PM 12:17

DOCUMENT # L0000000 2752

1. Corporation Name

CAP FERRAT TROIS, LLC

2. Principal Office Address

970 CAPE MARCO DR

Suite, Apt. #, etc.

1101

City & State

MARCO ISLAND, FL

Zip

34145

Country

USA

3. Mailing Office Address

970 CAPE MARCO DR

Suite, Apt. #, etc.

1101

City & State

MARCO ISLAND, FL

Zip

34145

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02-28-2000

5. FEI Number

582532065

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RONALD S. WEBSTER

Street Address (P.O. Box Number is Not Acceptable)

979 N COLLIER BLVD

Suite, Apt. #, Etc.

City

MARCO ISLAND, FL

REINSTATEMENT

03-05

600046364236

02/10/05--01012--016 **25.75

State

FL

Zip Code

34145

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

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
M	LIONEL G. RODRIGUE	970 CAPE MARCO DR #1101	MARCO ISLAND, FL 34145
D	DIANE D. RODRIGUE	970 CAPE MARCO DR #1101	MARCO ISLAND, FL 34145
D	PETER M. THIEL	980 CAPE MARCO DR #1005	MARCO ISLAND, FL 34145
D	MARIA ALICE H. THIEL	980 CAPE MARCO DR #1005	MARCO ISLAND, FL 34145
D	ANTHONY ZANDY	970 CAPE MARCO DR #1001	MARCO ISLAND, FL 34145
D	MARIE ZANDY	970 CAPE MARCO DR #1001	MARCO ISLAND, FL 34145

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 under section 119.07(3)(i), 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:

LIONEL G. RODRIGUE 02-02-05 239642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MGR PARKER

Date

Daytime Phone #

4101

CR2E081 (01/05)