

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 OCT 19 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011009

1. Limited Liability Company's Name

DOUBLE D OF SANIBEL, L.L.C.

REINSTATEMENT 2001

2. Principal Office Address

2407 Periwinkle Way

Suite, Apt. #, etc.

3. Mailing Office Address

2407 Periwinkle Way

Suite, Apt. #, etc.

City & State

Sanibel, Florida

City & State

Sanibel, Florida

Zip

33957

Country

USA

Zip

Country

4. State/Country of Formation

USA

**5. Date Organized or Qualified
To Do Business in Florida**

9/13/00

6. FEI Number

65-1057320

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

CAPITAL CONNECTION, INC.

800004650248-2

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

417 E. Virginia Street; Suite 1

-10/23/01-01053-022

****150.00 ****150.00

Suite, Apt. #, Etc.

City

Tallahassee,

State

FL

Zip Code

32301-1283

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**

Lilani White

Date

10/19/01

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
Managing Member	Carlo DiSomma	2407 Periwinkle Way	Sanibel, FL 33957

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.

**Signature of
Managing Member/Manager**

Carlo DiSomma

Date

10-12-01

Daytime Phone #

(741) 472-6700

Typed or printed name of signing Managing Member/Manager