

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L99000008946

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 16 PM 1:23

DOCUMENT # **L99000008946**

1. Limited Liability Company's Name

Caspers Group, LLC
9/28/01

2. Principal Office Address

4908 West Nassau Street

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

Country

33607

Hillborough

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

12/15/99

6. FEI Number

59-3612352

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

Peterson Charles F Jr.

900004640169-2

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

201 N Franklin Street

-10/17/01--01076--0.0

******155.00 ****155.00**

Suite, Apt. #, Etc.

One Tampa City Center Suite 2600

City

Tampa

State

FL

Zip Code

33602

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

Charles F. Peterson

Date **10/10/01**

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
MGRM	Blake J Casper	4908 West Nassau St.	Tampa, FL 33607
			CUS re
			Rein \$100.00
			UBR 50.00
			CUS 5.00
			REINSTATEMENT 2001 re 155.00

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

Blake J Casper

Date **10/10/01**

Daytime Phone # **813-287-2231**

Typed or printed name of signing Managing Member/Manager

Blake J Casper

CR2E041 (9/00)