

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED

99 NOV -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # MA8000000590

1. Limited Liability Company's Name

CAPE AEROSPACE, LLC

2. Principal Office Address

1006 SE 9th STREET

Suite, Apt. #, etc.

City & State

CAPE CORAL, FLORIDA

Zip

33990

Country

USA

3. Mailing Office Address

1006 SE 9th STREET

Suite, Apt. #, etc.

City & State

CAPE CORAL, FLORIDA

Zip

33990

Country

USA

REINSTATEMENT 99

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

MAY 1998

6. FEI Number

65-0833536

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

DAVID C. NETHERCOT

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

1832 IMPERIAL GOLF COURSE BLVD.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34110

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*****5.00 *****5.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/28/99

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
<u>mgrm</u>	DAVID C. NETHERCOT	1832 IMPERIAL G. C. BLVD.	NAPLES, FL 34110
<u>mgrm</u>	MARC O. ABRAMS	927 SE 23rd STREET	CAPE CORAL, FL 33990
<u>mgrm</u>	DENNIS L. SUMNER	223 SE 43rd LANE	CAPE CORAL, FL 33904
	<u>Marc Abrams</u> GAVE		
	AUTHORIZATION BY PHONE TO		
	CORRECT		
	DATE <u>11-9-99</u>		
	<u>DOC EXAM UP</u>		

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*****150.00 *****150.00

11. I certify that I am managing member of the above named limited liability company, and I am authorized 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

10/28/99

Daytime Phone # (941) 574-1446

Typed or printed name of signing Managing Member/Manager

DENNIS L. SUMNER