

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REINSTATEMENT 2001

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 OCT 18 PM 12:17

DOCUMENT # L00000008256

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name

Cap Properties, LLC

2. Principal Office Address

24985 Marsh Landing Pkwy
Suite, Apt. #, etc.

3. Mailing Office Address

24985 Marsh Landing Pkwy
Suite, Apt. #, etc.

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3659147

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

Zip

32082

Country

USA

8. Name and Address of Current Registered Agent

Name Patterson, Bond & Latshaw, P.A.

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****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable)
3010 South Third Street

Suite, Apt. #, Etc.

City

Jacksonville Beach

State

FL

Zip Code

32250

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 Laurie R. Patterson

REGISTERED AGENT MUST SIGN

Date 10/16/01

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
MGR	Catherine A. Protto, Trustee	24985 Marsh Landing Pkwy	Ponte Vedra Beach, FL 32082

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 Catherine A. Protto

Date 10/11/01

Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager _____

CR20041 (9/00)