

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
John J. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 20 PM 4:31

1. DOCUMENT # L01000001980

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001396 01 FP 0.352 **PRSRT TS 0 0615 33040-462337
CARIBBEAN SPIRIT, LLC
3637 EAGLE AVENUE
KEY WEST FL 33040-4623



2. New Mailing Address

City, State, Zip

Principal Place of Business

3637 EAGLE AVENUE
KEY WEST FL 33040

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

02/05/2001

6. FEI Number

52-2337180

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

MITCHELL J. COOK, P.A.
3706 N. ROOSEVELT BOULEVARD - SUITE I
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name

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

City

400009231244

11/26/02--01088--005 **150.00

FL

Zip Code

10. 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

Mitchell J. Cook

REGISTERED AGENT MUST SIGN

Date 12/13/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Bernard Eymann	3637 Eagle Ave	Key West FL 33040

REINSTATEMENT 02

12. 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

Bernard Eymann

Date 11-20-02 Daytime Phone # 305.304.2356

Typed or printed name of signing Managing Member/Manager