

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000003641

Name and Mailing Address

0010074 01 FP 0.352 **PRSRT H6 0 0615 33483-610945

CAPITAL PRESERVATION ASSOCIATES, LLC

945 INDIGO POINT
GULF STREAM FL 33483-6109

REINSTATEMENT

2002



2. New Mailing Address

City, State, Zip

Principal Place of Business

945 INDIGO POINT
GULF STREAM FL 33483

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

03/09/2001

6. FEI Number

65-1092049

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

ARNOLD, MARK W
945 INDIGO POINT
GULF STREAM FL 33483

9. Name and Address of New Registered Agent

Name

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

City

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

Mark W. Arnold

REGISTERED AGENT MUST SIGN

Date 11-15-2002

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
Managing Member	Mark W. Arnold	945 Indigo Point	Gulf Stream, FL 33483-6109

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11/19/02--01068--008 **150.00

REINSTATEMENT

2002

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

Mark W. Arnold

Date

11-15-02

Daytime Phone #

561-274-8832

Typed or printed name of signing Managing Member/Manager

Mark W. Arnold

CR2Et84 (8/02)