

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000005532

Name and Mailing Address

02 DEC 10 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0004778 01 FP 0.352 \*\*PRSRT T5 0 0615 33602-515000



CAPTIVA PROPERTIES II, L.L.C.  
101 EAST KENNEDY BLVD.  
SUITE 2800  
TAMPA FL 33602-5150



2. New Mailing Address 28321 W. River Rd. City, State, Zip Perrysburg Ohio 43551		4. State/Country of Formation FL	
Principal Place of Business 101 EAST KENNEDY BLVD. SUITE 2800 TAMPA FL 33602-5151		5. Date Organized or Qualified To Do Business in Florida 04/10/2001	
3. New Principal Place of Business Address 28321 W. River Rd. City, State, Zip Perrysburg, Ohio 43551		6. FEI Number 34-195672D <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent LYNCH, PAUL R 101 EAST KENNEDY BLVD. SUITE 2800 TAMPA FL 33602-5151		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 Paul R Lynch REGISTERED AGENT MUST SIGN		Date 10/29/02	
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
Managing Member	David W. Kienzle	28321 W. River Rd.	Perrysburg, Ohio 43551
REINSTATEMENT			

C.B2EQ84 (8/02)

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

Date 10/30/02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager