

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB 24 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000011746

1. Limited Liability Company's Name

Capital Preservation Associates of Southwest
Florida, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

2375 Tamiami Trail North

Suite, Apt. #, etc.

#110

City & State

Naples, Florida

Zip

34103

Country

Collier

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

same

Country

same

4. State/Country of Formation

Florida / USA

**5. Date Organized or Qualified
To Do Business in Florida**

07/16/2001

6. FEI Number

59-3746368

☐ 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

Ronald Gustason

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

2375 Tamiami Trail North

Suite, Apt. #, Etc.

110

City

Naples

State

FL

Zip Code

34103

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

2/13/09

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
MM	Ronald Gustason	651 Ketch Drive	Naples, FL 34103
MM	Sheldon Starman	680 Gordon Road	Naples, FL 34109

900143913139
02/18/09--01021--006 **1110.00

REINSTATEMENT-02-03-04-05-06-07-08-09

C.L.

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

Date

2/13/09

Daytime Phone #

239 262 1040

Typed or printed name of signing Managing Member/Manager

Ronald Gustason