

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 22 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000014894

Name and Mailing Address

0005690 01 FP 0.352 **PRSR T7 0 0615 34145-277385



CAPE MARCO BELIZE 907, L.L.C.
985 N. COLLIER BLVD.
MARCO ISLAND FL 34145-2773



2. New Mailing Address

City, State, Zip

Principal Place of Business

985 N. COLLIER BLVD.
MARCO ISLAND FL 34145

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

08/30/2001

6. FEI Number

☒ 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

WEBSTER, RONALD S
985 N. COLLIER BLVD.
MARCO ISLAND FL 34145

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

Date

REGISTERED AGENT MUST SIGN

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	ZANDY, LOUIS S	11023 PLUMWOOD CIR.	HAGERSTOWN MD 21742
MGR	RAMA, GORDON P	8930 BAY COLONY DR., #1803	NAPLES FL 34108

800009160588
11/22/02--01022--008 **150.00

REINSTATEMENT

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

LOUIS S. ZANDY

301-733-1100