

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 APR -5 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500096495956  
04/11/07--01033--023 \*\*200.00

CR2E041 (1/07)

**DOCUMENT # L01000014894**

**1. Limited Liability Company's Name**

**Cape Marco Belize 907, L.L.C.**

**2. Principal Office Address - No P.O. Box #**  
**987 N. Collier Blvd.**

Suite, Apt. #, etc.

**City & State**  
**Marco Island, FL**

**Zip**  
**34145**

**Country**  
**US**

**3. Mailing Office Address**  
**987 N. Collier Blvd.**

Suite, Apt. #, etc.

**City & State**  
**Marco Island, FL**

**Zip**  
**34145**

**Country**  
**US**

**4. State/Country of Formation**  
**Florida**

**5. Date Organized or Qualified  
To Do Business in Florida** **08/30/2001**

**6. FEI Number**  
**03-0518298**

☐ 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**  
**R. Scola, Swope, Lamberson & Charbonneau, PA**

**Street Address (P.O. Box Number is Not Acceptable)**  
**987 N. Collier Blvd.**

Suite, Apt. #, Etc.

**City**  
**Marco Island**

**State** **FL** **Zip Code** **34145**

☒ **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** *[Signature]*  
**REGISTERED AGENT MUST SIGN**

**Date** **3/22/07**

**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
MGR	Louis Zandy	11023 Plumwood Circle	Hagerstown, MD 21742
MGR	Brenda Zandy	11023 Plumwood Circle	Hagerstown, MD 21742
MGR	Mario Sanchez	1139 San Marco Road	Marco Island, FL 34145
MGR	Michele Sanchez	1139 San Marco Road	Marco Island, FL 34145

**REINSTATEMENT 05-07**

**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** *[Signature]* **Date** **3/21/07** **Daytime Phone #** **239 394 5567**

**Typed or printed name of signing Managing Member/Manager**