

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

FILED

03 JAN -3 AM 10:45

1. DOCUMENT # L01000019962

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006278 01 FP 0.352 **PRSRT T9 0 0615 34447-212525



CAPTAIN HOOK, LLC

P. O. BOX 2125

HOMOSASSA SPRINGS FL 34447-2125

300009805179
01/03/03--01029--008 **150.00



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/19/2001

Principal Place of Business

P. O. BOX 2125

HOMOSASSA SPRINGS FL 34447

3. New Principal Place of Business Address

City, State, Zip

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

CHANDLER, JULIE J
115 NORTH SEMINOLE AVENUE
INVERNESS FL 34450

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

REGISTERED AGENT MUST SIGN

Date 12/30/02

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

MRP

JAMES P. STATON

P.O. Box 2125
HOMOSASSA SPRINGS FL 34447

REINSTATEMENT

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

12/30/02

Daytime Phone # 352-344-5380

Typed or printed name of signing Managing Member/Manager