

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Clara E. Hoyle
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV 25 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021328

Name and Mailing Address

0003979 01 AT 0.292 **AUTO T6 0 0615 32837-846645

CAPITAL DEVELOPMENT PARTNERS II, LLC
9500 SATELLITE BLVD.
SUITE 170
ORLANDO FL 32837-8466

US

REINSTATEMENT



CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

Principal Place of Business

9500 SATELLITE BLVD.
SUITE 170
ORLANDO FL 32837
US

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

12/10/2001

6. FEI Number

59-3760116

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

MACGREGOR, DOUGLAS G
9500 SATELLITE BLVD.
SUITE 170
ORLANDO FL 32837

9. Name and Address of New Registered Agent

Name

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

100025026221
11/25/03--01024--013 **150.00
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

Douglas G. MacGregor
REGISTERED AGENT MUST SIGN

Date 11/20/2003

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
MGRM	MACGREGOR, DOUGLAS G	12012 CAPER STREET	ORLANDO FL 32837

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

Douglas G. MacGregor

Date

11/20/2003

Daytime Phone #

407/447-5667

Typed or printed name of signing Managing Member/Manager

Douglas G. MacGregor