

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY 25 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C 02 000007499

1. Limited Liability Company's Name

CAPTAIN HOOK ENTERPRISES, LLC

900181312519
05/25/10--01009--006 **277.50
CR2E041 (11/09)

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

489 N.E. 628th ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OLD TOWN, FL

City & State

Zip

32680

Country

USA

Zip

32680

Country

4. State/Country of Formation

Florida / DIXIE

5. Date Organized or Qualified
To Do Business in Florida

2001

6. FEI Number

SB 30-0073954

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

GENE FEINTRESS

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

489 N.E. 628th ST

Suite, Apt. #, Etc.

City

OLD TOWN

State

FL

Zip Code

32680

☒ 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

Gene Feintress
REGISTERED AGENT MUST SIGN

Date

5/21/10

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
MAN	Gene Feintress	489 N.E. 628th ST	OLD TOWN, FL 32680

REINSTATEMENT-09-10

11. E-mail Address: CAPT HOOK @ATTN.NET

(To be used for future annual report notifications)

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

Gene Feintress

Date

5/21/10

Daytime Phone #

352-542-9381

Typed or printed name of signing Managing Member/Manager

GENE FEINTRESS

C.S.