

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

L02000014901

03 DEC 11 AM 10:25

1. DOCUMENT # L02000014901

Name and Mailing Address

0004117 01 AT 0.292 **AUTO T8 0 0615 32922-572375

CAPE NEW YORK ASSOCIATES, L.L.C.

ATTN: JOHN L. SOILEAU

1970 MICHIGAN AVE., SUITE C

COCOA FL 32922-5723



REINSTATEMENT 2003

2. New Mailing Address 3490 North US Highway 1 City, State, Zip Cocoa, Florida 32926		4. State/Country of Formation FL	
Principal Place of Business ATTN: JOHN L. SOILEAU 1970 MICHIGAN AVE., SUITE C COCOA FL 32922		3. New Principal Place of Business Address City, State, Zip	
5. Date Organized or Qualified To Do Business in Florida 06/14/2002		6. FEI Number 48-1264642	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SOILEAU, JOHN L 1970 MICHIGAN AVE., SUITE C COCOA FL 32922		9. Name and Address of New Registered Agent Name John L. Soileau Street Address (P.O. Box Number is Not Acceptable) 3490 North US Highway 1 City, State, Zip Cocoa, FL 32926	
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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 _____ **SIGNATURE REQUIRED** _____ Date 10/20/03

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	LAINER, MARVIN I	93 PINE ARDEN DR.	WEST BOYLSTON MA 01583

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 MARVIN I LAINER Date 10/31/03 Daytime Phone # 508-944-1948

Typed or printed name of signing Managing Member/Manager MARVIN I LAINER