

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 27 AM 8:42

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

LO2000022811

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

CAPSHAW & KING LLC

**2. Principal Office Address**

4638 ROBERTS RD.

Suite, Apt. #, etc.

City & State

LAND O LAKES FL.

Zip

34639

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

**4. State/Country of Formation**

**5. Date Organized or Qualified  
To Do Business in Florida**

**6. FEI Number**

16-ke30944

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

DEIK S. CAPSHAW

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

4638 ROBERTS RD.

Suite, Apt. #, Etc.

City

LAND O LAKES

State

FL

Zip Code

34639

**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

*Dei S. Capshaw*  
REGISTERED AGENT MUST SIGN

Date 2-2-06

**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
MANAGER	DEIK S. CAPSHAW	4638 ROBERTS RD.	LAND O LAKES FL. 34639
			600069918676 04/10/06--01015--019 **250.00
			REINSTATEMENT 04-06

**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

*Dei S. Capshaw*

Date 2-2-06

Daytime Phone #

8139515003

Typed or printed name of signing Managing Member/Manager

DEIK S. CAPSHAW