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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV -7 PM 1:18

1. DOCUMENT # L02000029767

Name and Mailing Address

0017211 01 FP 0.352 **PRSRT T3 0 0615 32456

THE CLUB AT CAPE SAN BLAS, LLC
P.O. BOX 98710
MEXICO BEACH FL 32456

2. New Mailing Address: HC 3; Box 98710
City, State, Zip: MEXICO BEACH, FL 32456

Principal Place of Business: 710 HIGHWAY 98, MEXICO BEACH FL 32456

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: 11/07/2002

6. FEI Number: 13-4250190 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (7/03)

8. **Name and Address of Current Registered Agent**

BENTON, RICHARD E
1415 EAST PIEDMONT DRIVE, SUITE 4
TALLAHASSEE FL 32308

9. **Name and Address of New Registered Agent**

Name: ANDREA L. ASHMORE
Street Address (P.O. Box Number is Not Acceptable): HC 3, Box 98710
710 HWY 98
City: MEXICO BEACH FL Zip Code: 32456

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: 10-30-03
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	KAY W. EUBANKS	HC3; Box 98710	MEXICO BEACH, FL 32456
MGR	STONE & COMPANY, INC	106 S. 25th ST	MEXICO BEACH, FL 32456

000024511020
11/07/03--01061--011 **155.00

REINSTATEMENT 03 cw

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: SIGNATURE REQUIRED Date: 10-30-03 Daytime Phone # 8506481010

Typed or printed name of signing Managing Member/Manager: KAY W. EUBANKS