

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 30 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000021840

1. Corporation Name

CAPPEL'S FUND LL

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

3719 LYDIA ESTATES DR N
Suite, Apt. #, etc.

3. Mailing Office Address

3719 LYDIA ESTATES DR N
Suite, Apt. #, etc.

City & State

JACKSONVILLE FL.

City & State

JACKSONVILLE FL.

Zip

Country

32218

Zip

Country

32218

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/04

5. FEI Number

200888725

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LENAN CAPPEL

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

3718 LYDIA ESTATES DR N

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32218

☐ The 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 reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Lenan Cappel

REGISTERED AGENT MUST SIGN

Date 11/19/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>MBRT</u> <u>P</u>	<u>LENAN CAPPEL</u>	<u>3718 LYDIA ESTATES DR. N</u>	<u>JACKSONVILLE FL 32218</u>
<u>MBRT</u>	<u>PAULINE CAPPEL</u>	<u>3718 LYDIA ESTATES DR. N</u>	<u>JACKSONVILLE FL 32218</u>

REINSTATEMENT 05-09 AL

10. E-mail Address: LENCAPPEL@YAHOO.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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:

Lenan Cappel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/09

Date

(202) 409-8320

Daytime Phone #