

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 9:40

DOCUMENT # L04000057868

1. Limited Liability Company's Name

**CAPT. EDDIES FISHIN
BUSINESS LLC.
PH 941-716-3202
940 STONER RD.
ENGLEWOOD, FL 34223**

200074664182
05/16/06--01029--012 **200.00

CR2E041 (8/05)

2. Principal Office Address

940 STONER RD

Suite, Apt. #, etc.

NA

City & State

ENGLEWOOD FL

Zip

34223

Country

US

3. Mailing Office Address

940 STONER RD

Suite, Apt. #, etc.

NA

City & State

ENGLEWOOD FL

Zip

34223

Country

US

4. State/Country of Formation

NA

5. Date Organized or Qualified
To Do Business in Florida

AUGUST 4 2004

6. FEI Number

03-0585535

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

Edwin G Toomer

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

940 STONER ROAD

Suite, Apt. #, Etc.

NA

City

ENGLEWOOD

State

FL

Zip Code

34223

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

Edwin G Toomer

Date 4-8-06

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|--------------------|
| MGR | EDWIN G TOOMER | 940 STONER ROAD | ENGLEWOOD FL 34223 |
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REINSTATEMENT 05-06

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

Edwin G Toomer

Date 4-8-06 Daytime Phone # 941 716 3202

Typed or printed name of signing Managing Member/Manager