

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR -6 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300174582623  
04/06/10--01032--027 \*\*\$16.25  
CR2E041 (11/09)

DOCUMENT # L04000060411

1. Limited Liability Company's Name

CAPE SAN BLAS DEVELOPMENT, L.L.C.

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

40 CROWE rd

Suite, Apt. #, etc.

3. Mailing Office Address

980 Birmingham rd

Suite, Apt. #, etc.

501-130

City & State

ALPHARETTA, GA

City & State

MILTON, GA

Zip

30004

Country

USA

Zip

30004

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

8/13/04

6. FEI Number

542158605

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

Doug Smith

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

221 MCKENZIE AVE

Suite, Apt. #, Etc.

City

PANAMA CITY, FL 3

State

FL

Zip Code

32401

☐ A \$100 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 \$100  
reinstatement be waived.

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

Date

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
MEM	DEVELOPMENT ON THE CAPE, INC	40 CROWE rd	ALPHARETTA, GA 30004
REINSTATEMENT 08-10 DB			

11. E-mail Address: THEGARDENS@COMCAST.NET

(To be used for future annual report notifications)

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Timothy J. Dodson

1/29/2010

404-234-1000