

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

05 OCT 19 AM 10:22

DOCUMENT # L04000064925

1. Limited Liability Company's Name

Caribbean Cowboy, LLC

2. Principal Office Address

1690 Tamiami Tr.

Suite, Apt. #, etc.

3. Mailing Office Address

1690 Tamiami Trail

Suite, Apt. #, etc.

City & State

Pt. Charlotte, Fl.

Zip

33948

Country

Charlotte

City & State

Pt. Charlotte, Fl.

Zip

33948

Country

Charlotte

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

9-1-04

6. FEI Number

55-0890672

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

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

Name

Michael D. Keepers

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

287 Fields Terrace

Suite, Apt. #, Etc.

600060775846

10/19/05--01053--013 \*\*155 00

City

Pt. Charlotte

State

FL

Zip Code

33952

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

[Signature]

Date

10/1/05

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
<u>MGM</u>	<u>Tierney Keepers</u>	<u>287 Fields Terrace</u> <u>Pt. Charlotte, Fl. 33902</u>	<u>Pt. Charlotte, Fl.</u>
<u>MGM</u>	<u>Michael Keepers</u>	<u>287 Fields Terr.</u> <u>Pt. Charlotte, Fl. 33902</u>	<u>Pt. Charlotte, Fl. 33902</u>

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

[Signature]

Date

10-1-05

Daytime Phone #

941-204-2363

Typed or printed name of signing Managing Member/Manager

Tierney Keepers