

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 14 AM 10:03

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000070785

1. Limited Liability Company's Name

Harry Caplan of Key Largo, LLC

2. Principal Office Address

305 St. Thomas

Suite, Apt. #, etc.

3. Mailing Office Address

3024 Kersdale Rd

Suite, Apt. #, etc.

City & State

Key Largo, FL

City & State

Pepper Pike, Ohio

Zip

33037

Country

USA

Zip

44124

Country

USA

CR2E041 (8/05)

State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

9-27-04

6. FEI Number

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

Harry W. Caplan

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

305 St. Thomas

Suite, Apt. #, Etc.

City

Key Largo,

State
FL

Zip Code
33037

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

Harry W. Caplan
REGISTERED AGENT MUST SIGN

Date *Oct 6th 2005*

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
Member	Harry W. Caplan	3024 Kersdale Rd	Pepper Pike, Ohio

REINSTATEMENT 2005

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10/14/05--01049--005 **155.00

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

Harry W. Caplan

Date *Oct 6th 2005*

Daytime Phone

316 509-4400

Typed or printed name of signing Managing Member/Manager