

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

08 APR 14 PM 4:10

DOCUMENT # L04000072877

1. Limited Liability Company's Name

EL CAPITAN MARINE & FISHING CENTER, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 13112 S. DIXIE HWY Suite, Apt. #, etc.		3. Mailing Office Address 13112 S. DIXIE HWY Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33156	Country USA	Zip 33156	Country USA
4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 201721462		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name ANTELO, ARMANDO A.		
Street Address (P.O. Box Number is Not Acceptable) 13112 S. DIXIE HWY		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33156

☒ 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

REGISTERED AGENT MUST SIGN

Date **APRIL 9**, 2008

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	ANTELO, ARMANDO A.	13112 S. DIXIE HWY	MIAMI, FL 33156
MGR	COTO, XAVIER	1590 N.W. 27 AVE	MIAMI, FL 33129
MGR	COTO, RAUL	1590 N.W. 27 AVE	MIAMI, FL 33129
MGR	CAVADAS, EDUARDO	1590 N.W. 27 AVE	MIAMI, FL 33129
04/14/08 200123281117 01050-013 **416.25			
REINSTATEMENT 06-08			

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

Date **4/9** /2008

Daytime Phone # **305-793-3876**

Typed or printed name of signing Managing Member/Manager **ARMANDO A. ANTELO, MANAGER**