

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 APR -2 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000066954

1. Limited Liability Company's Name

Capt George LLC

CR2E041 (12/07)

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

201 SW 38<sup>th</sup> Ter

Suite, Apt. #, etc.

3. Mailing Office Address

201 SW 38<sup>th</sup> Ter

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33914

Country

U.S.A.

City & State

Cape Coral, FL

Zip

33914

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

7-7-2005

6. FEI Number

06-1750886

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

George S. Howell III

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

201 SW 38<sup>th</sup> Ter

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33914

☒ 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

George S. Howell III

Date 2-29-2008

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
MGRM	George S. Howell III	201 SW 38 <sup>th</sup> Ter	Cape Coral, FL 33914

700121792907  
04/01/08--01021--013 \*\*416.25

**L SELLERS**

APR - 4 2008

**REINSTATEMENT**

**EXAMINED**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided 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

George S. Howell III

Date 2-29-2008

Daytime Phone # 239-770-5166

Typed or printed name of signing Managing Member/Manager

George S. Howell III