

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000103368

1. Limited Liability Company's Name

Cape Haze LLC

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

426 E Hyman Ave

Suite, Apt. #, etc.

City & State

Aspen, CO

Zip

81611

Country

U.S.A.

3. Mailing Office Address

P.O.Box 1085

Suite, Apt. #, etc.

City & State

Aspen, CO

Zip

81612

Country

U.S.A.

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

10/19/2005

6. FEI Number

204226251

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 **Turner & Associates, LLP**

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

15291 NW 60th Ave

Suite, Apt. #, Etc.

Suite 100

City

Miami Lakes

State

FL

Zip Code

33014

E-mail Address:

gcovers@yahoo.com

(To be used for future annual report notices)

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
mgmr	Gunther Covers	P.O.Box 1085	Aspen, CO 81612

REINSTATEMENT

09/12
Shk

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

3/4/2012

Daytime Phone #

920-923-8515

Typed or printed name of signing Managing Member/Manager