

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 25 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2006-10 SBH

CR2E041 (05/10)

DOCUMENT # L 05 000121658

1. Limited Liability Company's Name

Cape Florida LLC

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

8 LATHROP RD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. # etc.

City & State

WELLESLEY MA

City & State

Zip

Country

02492

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/21/2005

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

Lisette Salazar

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

200 Crandox Blvd. #311

Suite, Apt. #, Etc.

City

Key Biscayne

State
FL

Zip Code
33149

400182528394
06/23/10--01027--003 **793.75

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]
REGISTERED AGENT MUST SIGN

Date 6-1-10

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>Mgr</u>	<u>JEFFREY CASALE</u>	<u>8 LATHROP RD</u>	<u>WELLESLEY MA 02492</u>

11. E-mail Address: JEFFREYCASALE@YAHOO.COM

(To be used for future annual report notifications)

12. 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 6-01-2010 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager