

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 29 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L060000006044

1. Limited Liability Company's Name

Three Caps LLC

900177205759
04/23/10--01007--019 **\$55.00

CR2E041 (11/09)

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

3303 W. Osborne Ave SAME

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

Suite, Apt. #, etc.

N/A

City & State

TAMPA, FL

City & State

Florida

Zip

33614

Country

USA

Zip

33614

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

JANUARY 2006

6. FEI Number

03-0578305

☒ 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

Anthony Escobio

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

3303 W. Osborne Ave

Suite, Apt. #, Etc.

City

TAMPA, FL

State

FL

Zip Code

33614

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-15-10

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
MEM	Anthony Escobio	3303 W. Osborne Ave	TAMPA, FL 33614
MEM	Terry Russo	4107 W. Horatio St	TAMPA, FL 33609
MEM	Daniel De Marco	11407 Paldeo	TAMPA, FL 33618
			S. HAWKES
			APR 28 2010
			EXAMINER

11. E-mail Address: ANK5354@hotmail.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

[Signature]

Date 4-15-10

Daytime Phone # 813-289-3225

Typed or printed name of signing Managing Member/Manager

TERRY L. RUSSO