


APPROVAL

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

14 OCT -7 PM 12:19

SECRET
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L13000158303

1. Limited Liability Company's Name
CAPT LATHAM, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 967 Bulkhead Rd. Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 188 Suite, Apt. #, etc.	
City & State Green Cove Springs, FL Zip 32043 Country US		City & State Green Cove Springs, FL Zip 32043 Country US	

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida 11/2/13	
6. FEI Number	<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
LATHAM C SMITH

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

Suite, Apt. #, Etc.

City
GREEN COVE SPRINGS

State
FL

Zip Code
32043

400265149494

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Latham C Smith* Date *Oct 6, 2014*

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AMBR	Elise Anderson	967 Bulkhead Rd.	Green Cove Springs, FL 32043

S. HAWKES
OCT 07 A.M.
EXAMINER

11. E-mail Address: _____

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager *Elise Anderson* Date *Oct 6, 2014* Daytime Phone *904-284-0003*

Typed or printed name of signing Authorized Representative/Manager Elise Anderson



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 321402 8016159

AUTHORIZATION :

COST LIMIT : \$ 238.75

ORDER DATE : October 1, 2014

ORDER TIME : 10:09 AM

ORDER NO. : 321402-010

CUSTOMER NO: 8016159

DOMESTIC FILINGS

NAME: CAPT LATHAM, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: On Hold -- See Rep - Ext#

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
14 OCT -7 AM 10:49