

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

VLM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L15000066047**

1. Limited Liability Company's Name  
**FL CAPE PARADISE, LLC**

300422030353  
02/29/24--01015--117 \*\*100.00

300422036353  
01/16/24--01035--001 \*\*415.25

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <b>511 Grant Avenue</b>		3. Mailing Office Address <b>511 Grant Avenue</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Lehigh Acres, Florida</b>		City & State <b>Lehigh Acres, Florida</b>	
Zip <b>33972</b>	Country <b>USA</b>	Zip <b>33972</b>	Country <b>USA</b>

4. State/Country of Formation <b>Florida</b>	
5. Date Organized or Qualified To Do Business in Florida <b>4/15/2015</b>	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a certificate of status</b>	

8. Name and Address of Current Registered Agent			
Name <b>Darrin R. Schutt, Esq.</b>			
Street Address (P.O. Box Number is Not Acceptable) Suite, <b>12601 New Brittany Boulevard</b>			
Apt. #, Etc.			
City <b>Fort Myers,</b>	State <b>FL</b>	Zip Code <b>33907</b>	

FILED  
FEB 29 PM 3:41  
CLERK OF STATE  
TALLAHASSEE, FL

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 \_\_\_\_\_ Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AMBR	THOMAS RITTMANN	511 Grant Avenue	Lehigh Acres, Florida 33972
AR	Darrin R. Schutt, Esq.	12601 New Brittany Blvd	Fort Myers, Florida 33907

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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member \_\_\_\_\_ Date **1/8/2024** Daytime Phone # **239-540-7007**  
Typed or printed name of signing authorized representative/member **Darrin R. Schutt, Esq., as Authorized Representative for Thomas Rittmann**