

L99000000687

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L99000000687

1. Limited Liability Company's Name

CAPPELLI DEVELOPMENT SOUTH, L.L.C.

REINSTATEMENT

2001-  
2003

600022755056  
09/04/03--01013--020 \*\*255.00

2. Principal Office Address

65 NE 4TH AVENUE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL,

City & State

Zip

33483

Country

US

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

02/04/1999

6. FEI Number

650922543

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

MICHAEL CAPPELLI

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

65 NE 4TH AVENUE

Suite, Apt. #, Etc.

City

DELRAY BEACH, FLORIDA

State

FL

Zip Code

33483

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

*Michael Cappelli*

REGISTERED AGENT MUST SIGN

Date 08/29/03

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
MGRM	MICHAEL CAPPELLI	65 NE 4TH AVENUE	DELRAY BEACH, FL. 33483
MGRM	LOUIS CAPPELLI	115 STEVENS AVENUE	VALHALLA, NY 10595

REINSTATEMENT

2001-  
2003

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.

Signature of  
Managing Member/Manager

*Michael Cappelli*

Date 8/28/03

Daytime Phone# 561-272-0282

Typed or printed name of signing Managing Member/Manager

MICHAEL CAPPELLI MANAGING MEMBER

CR2E041 (10/02)