

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -2 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L99-1494

1. Limited Liability Company's Name

CASHMERE NAPLES LLC

2. Principal Office Address

1209 THIRD ST. So.

Suite, Apt. #, etc.

City & State

NAPLES FL.

Zip

34102

Country

USA

3. Mailing Office Address

32 CENTRE ST.

Suite, Apt. #, etc.

City & State

NANTUCKET MA

Zip

02554

Country

USA

REINSTATEMENT 2001

4. State/Country of Formation

FLORIDA / USA

**5. Date Organized or Qualified
To Do Business in Florida**

1998

6. FEI Number

59-3565608

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

ROBIN FUCHS

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

1209 THIRD STREET So.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34102

200004686122-3

-11/16/01--01094--028

******150.00 ****150.00**

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

Robin Fuchs Registered Agent

Date **11/1/01**

REGISTERED AGENT MUST SIGN

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 | JAY FUCHS | 32 CENTRE ST. | NANTUCKET, MA 02554 |
| MGRM | ROBIN FUCHS | 32 CENTRE ST. | NANTUCKET, MA 02554 |
| MGRM | PETER DICTENBERG | 49 W 38 TH ST | NYC, NY 10018 |
| MGRM | MARGARET DICTENBERG | 49 W. 38 TH ST. | NYC, NY 10018 |
| | | | |
| | | | |

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

Jay H. Fuchs Manager

Date **11/1/01**

Daytime Phone # **508-278-7611**

Typed or printed name of signing Managing Member/Manager **JAY H. FUCHS, manager.**