

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



Florida Department of State  
Secretary of State  
DIVISION OF CORPORATIONS

**L99000002878**

02 OCT 29 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L99000002878

Name and Mailing Address

0007929 01 FP 0.352 \*\*PRST T4 0 0615 43551-104421



CAPTIVA PROPERTIES, L.L.C.  
28321 W. RIVER RD.  
PERRYSBURG OH 43551-1044

**MJH**



10/29 2002

2. New Mailing Address

City, State, Zip

Principal Place of Business

11542 WIGHTMAN LN.  
P.O. BOX 597  
CAPTIVA FL 33924

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

05/19/1999

6. FEI Number

34-1892329

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

LYNCH, PAUL R  
SHUMAKER LOOP & KENDRICK, LLP  
101 EAST KENNEDY BOULEVARD, SUITE 2800  
TAMPA FL 33602-5151

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

*Paul R. Lynch*

REGISTERED AGENT MUST SIGN

Date 10/21/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	KEINZLE, DAVID W	28321 W. RIVER RD.	PERRYSBURG OH 43551-5151

600008639636

10/29/02--01009--001 \*\*150.00

CR2E084 (8/02)

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

*David W. Keinzle*

Date

10/23/02

Daytime Phone #

419 261 1986

Typed or printed name of signing Managing Member/Manager

David W. Keinzle