

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L99000005296**

APPLICATION FOR REINSTATEMENT  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

02 NOV 19 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000005296

Name and Mailing Address

0011065 01 FP 0.352 \*\*PRST H3 0 0615 33957-410518

END RESULT OF SANIBEL ISLAND, L.L.C.

2075 PERIWINKLE WAY, SUITE 18

SANIBEL FL 33957-4105

100009044991

11/18/02--01037--006 \*\*150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

2075 PERIWINKLE WAY, SUITE 18  
SANIBEL FL 33957

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

08/24/1999

6. FEI Number

52-2192255

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

HERMAN, LAURA  
688 CARDIUM  
SANIBEL FL 33957

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

REGISTERED AGENT MUST SIGN

Date 11/11/02

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
MGR	HERMAN-CAPERS, NANCY	538 PIEDMONT RD.	SANIBEL FL 33957
MGR	HERMAN, LAURA	688 CARDIUM STREET	SANIBEL FL 33957

REINSTATEMENT 2002

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

Date 11/11/02

Daytime Phone # 941 395 3333

Typed or printed name of signing Managing Member/Manager

Laura Herman

CR2E084 (8/02)