

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L99000008946**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 16 PM 1:23

DOCUMENT # **L99000008946**

1. Limited Liability Company's Name

**Caspers Group, LLC**  
**9/28/01**

2. Principal Office Address

**4908 West Nassau Street (Same)**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

Zip

**33607**

Country

**Hillborough**

Zip

Country

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**12/15/99**

6. FEI Number

**59-3612352**

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

**Peterson Charles F Jr.**

**900004640169-2**

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

**201 N Franklin Street**

**-10/17/01--01076--0.0**

**\*\*\*\*155.00 \*\*\*\*15.00**

Suite, Apt. #, Etc.

**One Tampa City Center Suite 2600**

City

**Tampa**

State

**FL**

Zip Code

**33602**

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

**Charles F. Peterson**

Date

**10/10/01**

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	Blake J Casper	4908 West Nassau St.	Tampa, FL 33607
			CUS re
		Rein	\$100.00
		UBR	50.00
		CUS	5.00
		REINSTATEMENT 2001 re	155.00

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

**Blake J Casper**

Date

**10/10/01**

Daytime Phone #

**813-287-2231**

Typed or printed name of signing Managing Member/Manager

**Blake J Casper**

CR2E041 (9/00)