

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M15000005697

1. Limited Liability Company's Name

Cape Coral Marine Centre, LLC

2. Principal Office Address - No P.O. Box #

1503 SE 46th Lane

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33904

Country

USA

3. Mailing Office Address

229 Edmor Road

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33405

Country

USA

8. Name and Address of Current Registered Agent

Name

Registered Agents Inc.

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

3030 North Rocky Point Drive

Apt. #, Etc.

Suite 150 A

City

Tampa

State

FL

Zip Code

33607

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Bill Hume

REGISTERED AGENT MUST SIGN

Date 04/25/2017

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr/Member	William Cooley	229 Edmor Road	West Palm Beach, FL 33405

11. E-mail Address: cool3003@bellsouth.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

William O. Cooley

Date

4/25/2017

Daytime Phone #

(561) 758-8787

Typed or printed name of signing authorized representative/member

William O. Cooley

K. ASHTON

K. ASHTON

FILED

17 MAY -4 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

Nevada USA

5. Date Organized or Qualified
To Do Business in Florida

July 16, 2015

6. FEI Number

47-4722065

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

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