

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2007 OCT 16 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000000251

1. Limited Liability Company's Name

Palmetto Capital Fund LC

2. Principal Office Address - No P.O. Box # 3845 Windmill Lakes Rd		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weston, FL		City & State	
Zip 33332	Country USA	Zip	Country

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 1/7/2000	
6. EEI Number 65-0969229	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Hanafy Meleis

Street Address (P.O. Box Number is Not Acceptable)
3845 Windmill Lakes Rd

Suite, Apt. #, Etc.

City
Weston

State
FL

Zip Code
33332

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *Hanafy Meleis* REGISTERED AGENT MUST SIGN Date *oct/5/07*

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
Mgr	Hanafy Meleis	3845 Windmill Lakes Rd	Weston, FL

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REINSTATEMENT 06-07
[Signature]

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 *Hanafy Meleis* Date *oct/5/07* Daytime Phone # *954-649-2691*

Typed or printed name of signing Managing Member/Manager **Hanafy Meleis**