

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 AUG 25 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000014087

1. Limited Liability Company's Name

DO CAP 402, L.L.C.

100159889331
08/24/09--01062--009 **332.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 1110 Brickell Avenue		3. Mailing Office Address	
Suite, Apt. #, etc. 310		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33131	Country USA	Zip	Country

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

8. Name and Address of Current Registered Agent

Name NS CORPORATE SERVICES INC.		
Street Address (P.O. Box Number is Not Acceptable) 1110 Brickell Ave		
Suite, Apt. #, Etc. Suite 310		
City Miami	State FL	Zip Code 33133

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

Date 8/10/2009

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
MGR	JOSE R. DE PAULA	1110 Brickell Avenue, Suite 310	Miami, Florida 33131

JB

REINSTATEMENT 2004-09

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 608.408, 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 8/10/2008

Daytime Phone #

Typed or printed name of signing Managing Member/Manager