

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

07 SEP 26 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



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

DOCUMENT # L04000002841

1. Limited Liability Company's Name

**Ascot Gardens Capital, LLC**

2. Principal Office Address - No P.O. Box # <b>5530 Lyons Rd</b>		3. Mailing Office Address <b>5530 Lyons Rd</b>	
Suite, Apt. #, etc. <b>#102</b>		Suite, Apt. #, etc. <b>#102</b>	
City & State <b>Coconut Creek</b>		City & State <b>Coconut Creek</b>	
Zip <b>33073</b>	Country <b>USA</b>	Zip <b>33073</b>	Country <b>USA</b>

4. State/Country of Formation <b>Florida</b>	
5. Date Organized or Qualified To Do Business in Florida <b>01/05/2004</b>	
6. FEI Number <b>20-0584402</b>	Applied For <input 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  
**Eric Puritt**

Street Address (P.O. Box Number is Not Acceptable)  
**5530 Lyons Rd**

Suite, Apt. #, Etc.  
**#102**

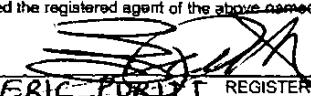
City  
**Coconut Creek**

State  
**FL**

Zip Code  
**33073**

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.

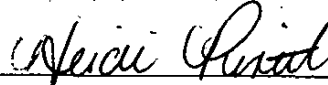
Signature of Registered Agent  Date **September 19, 2007**

**ERIC PURITT** REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Heidi Puritt	5530 Lyons Rd, #102	Coconut Creek, FL 33073
MGRM	Eric Puritt	5530 Lyons Rd, #102	Coconut Creek, FL 33073
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<b>REINSTATEMENT</b>			
<b>DB</b>			
<b>2006-2007</b>			

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  Date **09/19/2007** Daytime Phone # **954-571-9562**

Typed or printed name of signing Managing Member/Manager **Heidi Puritt**