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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : ALVAREZ SAMBOL WINTHROP & MADSON, P.A.
Account Number : I20030000104
Phone : (407) 210-2796
Fax Number : (407) 210-2795

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: sinnes@aswpa.com

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TALLAHASSEE, FLORIDA

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**LIMITED LIABILITY REINSTATEMENT
KAHUNA CAPITAL INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$516.25


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EXAMINEE
8/31/2010

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

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1. Limited Liability Company's Name

KAHUNA CAPITAL INVESTMENTS LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 100 S. ORANGE AVENUE		3. Mailing Office Address 100 S. ORANGE AVENUE	
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc. SUITE 200	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32801	Country USA	Zip 32801	Country 32801

4. State/Country of Formation FL, USA	
5. Date Organized or Qualified To Do Business in Florida 09/27/2004	
6. FEI Number 20-1507425	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 **ALVAREZ, SAMBOL & WINTHROP, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
100 S. ORANGE AVENUE

Suite, Apt. #, Etc.
SUITE 200

City
ORLANDO

State **FL** Zip Code **32801**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 806, F.S.

Signature of Registered Agent



REGISTERED AGENT MUST SIGN

Date **8/25/10**

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Barbara Marlen Alvarez	100 S. ORANGE AVENUE, SUITE 200	ORLANDO, FL 32801

REINSTATEMENT 2008-10

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 806, 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 **8/25/10** Daytime Phone # **407-210-2796**

Typed or printed name of signing Managing Member/Manager **BARBARA MARLEN ALVAREZ, MANAGING MEMBER**

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