

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JAN 15 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LOG000038219

1. Limited Liability Company's Name

CAPTAINS SERVICES LLC.

CR2E041 (1/11)

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

12221 SW 120 AVE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33186

Country

USA

3. Mailing Office Address

12221 SW 120 AVE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33186

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

APRIL 12, 2006

6. FEI Number

11-3777803

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JAIME PARDINAS

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

12221 SW 120 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

E-mail Address:

400243675554

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CAPNSERVICES2824@GMAIL.COM

(To be used for future annual report notices)

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 1-10-2013

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	JAIME PARDINAS	12221 SW 120 AVE	MIAMI FL 33186

REINSTATEMENT 08-13

JAN 16 2013

T. SCOTT

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. 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 Managing
Member/Manager

Date 1-10-2013

Daytime Phone # 305 986 1455

Typed or printed name of signing Managing Member/Manager