

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 OCT 21 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000090155

1. Limited Liability Company's Name

Kapitol Holdings, LLC

CR2E041 (10/08)

| | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|--|------------------------------------------------------------------------------------------------------------|--|----------------|--|
| 2. Principal Office Address - No P.O. Box # 8001 N. Dale Mabry Hwy Suite, Apt. #, etc. Ste 701 City & State Tampa Zip 33614 | | Country USA | | 3. Mailing Office Address P.O Box 15779 Suite, Apt. #, etc. City & State Tampa Zip 33614 | | Country USA | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|--|------------------------------------------------------------------------------------------------------------|--|----------------|--|

| | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 4. State/Country of Formation Florida/USA | |
| 5. Date Organized or Qualified To Do Business in Florida 09/03/2008 | |
| 6. FEI Number 223971432 | <input type="checkbox"/> 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
Kenneth O Shobola


Street Address (P.O. Box Number is Not Acceptable)
8001 N. Dale Mabry Highway

Suite, Apt. #, Etc.
Ste 701

| | | |
|---------------|-------------|-------------------|
| City Tampa | State FL | Zip Code 33614 |
|---------------|-------------|-------------------|

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 10-17-2008

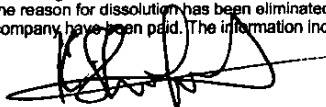
REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|------------------------------------------------|---------------------|
| MGRM | Kenneth O Shobola | 3704 Berger Road | Lutz, Florida 33548 |
| | | | |
| | | | |
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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 10-17-2008 Daytime Phone # 813-426-5419

Typed or printed name of signing Managing Member/Manager Kenneth O Shobola