

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M99000001865

Entity Name: AK CAPITAL LLC

FILED  
Oct 20, 2004  
Secretary of State

## Current Principal Place of Business:

445 PARK AVENUE  
9TH FLOOR  
NEW YORK, NY 10022

## New Principal Place of Business:

## Current Mailing Address:

445 PARK AVENUE  
9TH FLOOR  
NEW YORK, NY 10022 US

## New Mailing Address:

10305 NW 41 STREET  
SUITE 210  
MIAMI, FL 33178 US

FEI Number: 13-4032945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MELO, PETER J  
10305 NW 41 STREET  
SUITE 210  
MIAMI, FL 33178 US

## Name and Address of New Registered Agent:

MELO, PETER  
10305 NW 41 STREET  
SUITE 210  
MIAMI, FL 33178 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PETER MELO

10/20/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: KOWALCZYK, ANDREW  
Address: 445 PARK AVENUE, 9TH FLOOR  
City-St-Zip: NEW YORK, NY 10022 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: MELO, PETER  
Address: 10305 NW 41 STREET, SUITE 210  
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PETER MELO

CFO

10/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date