

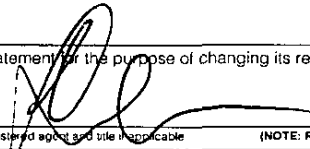
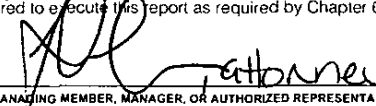


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:13

DOCUMENT # L05000005063 1. Entity Name C.A.P. HOLDINGS OF FLORIDA, LLC					
Principal Place of Business 218 ALMERIA AVENUE CORAL GABLES, FL 33134			Mailing Address 218 ALMERIA AVENUE CORAL GABLES, FL 33134		
2. Principal Place of Business 90 Almeria Avenue		3. Mailing Address 90 Almeria Avenue			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		09182006 REIN-LLC CR2E101 (11/05)	
City & State Coral Gables, FL 33134		City & State Coral Gables, FL 33134		4. FEI Number 20-2761028	
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHERMAN, THOMAS G ESQ. 218 ALMERIA AVENUE CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name: Thomas G. Sherman, Esq. Street Address (P.O. Box Number is Not Acceptable): 90 Almeria Avenue City: Coral Gables FL Zip Code: 33134	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 				DATE: 9/18/06	
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RIOCABO, ALEX 5046 BISCAYNE BOULEVARD MIAMI, FL 33137		TITLE NAME STREET ADDRESS CITY - ST - ZIP	900080229579 09/27/06--01054--006 **\$50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COMETTO, PAULO 168 N.E. 24TH STREET MIAMI, FL 33127		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date: 9/18/06 (305) 448-5898	