

Division of Corporations

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L050000095371
Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : TEW CARDENAS, LLP

Account Number : 073674003226

Phone : (305) 536-1112

Fax Number : (305) 536-1116

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DIVISION OF CORPORATIONS
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LIMITED LIABILITY REINSTATEMENT

INTERNATIONAL CAPITAL GROUP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$521.25

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EXAMINER

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000095371			
1. Limited Liability Company's Name International Capital Group, LLC			
2. Principal Office Address - No P.O. Box # 1155 Brickell Bay Drive Suite, Apt. #, etc. Apt. 1410 City & State Miami, FL Zip 33131		3. Mailing Office Address 1155 Brickell Bay Drive Suite, Apt. #, etc. Apt. 1410 City & State Miami, FL Zip 33131	
4. State/County of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 	
6. FBI Number NONE		7. CERTIFICATE OF STATUS DESIRED ☒	
8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road Suite, Apt. #, Etc. Suite 250 City Plantation			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent: <u><i>Barbara A. Burke</i></u> Barbara A. Burke Special Assistant Secretary REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Jesus N. Kafati	1155 Brickell Bay Dr. Apt. 1410	Miami, FL 33131
MGRM	Payton Investments, Inc.	1155 Brickell Bay Dr. Apt. 1410	Miami, FL 33131
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, F.S. I further certify that when filing this reinstatement application the action for dissolution has been dissolved, the limited liability company name satisfied the requirements of section 605.406, 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: <u><i>Jesus N. Kafati</i></u> Date: <u>05/28/08</u> Daytime Phone: <u>305-371-7220</u> Typed or printed name of signing Managing Member/Manager: <u>JESUS KAFATI</u>			

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