

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 24 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 00000002474**

1. Limited Liability Company's Name

Howald Capital Fund, L.C.

2. Principal Office Address

13876 SW 56 ST.

Suite, Apt. #, etc.

204

City & State

MIAMI, FL

Zip

33175

Country

USA

3. Mailing Office Address

13876 SW 56 ST.

Suite, Apt. #, etc.

204

City & State

MIAMI, FL

Zip

33175

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

3/3/2000

6. FEI Number

65-0991254

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

ANGEL ARMANDO ALIZO

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

8321 SW 143 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33183

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

REGISTERED AGENT MUST SIGN

Date

12/20/2001

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
X	ANGEL ARMANDO ALIZO	8321 SW 143 AVE	MIAMI, FL 33183
mgr	HOWALD, GREEN & SPARKS	13876 SW 56th ST., #204	MIAMI, FL 33175

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 **12/20/01**

Daytime Phone #

305-753-2427

Typed or printed name of signing Managing Member/Manager

ANGEL ALIZO / MANAGER HOWALD, GREEN & SPARKS

CR2E041 (9/01)