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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA  
FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS  
LIMITED LIABILITY COMPANY  
REINSTATEMENT

DOCUMENT # L00000006457  
1. Limited Liability Company's Name  
MOLINARI CAPITAL, LLC

2. Principal Office Address 2436 North Federal Highway Suite, Apt. #, etc. Suite 207 City & State Lighthouse Point, Florida Zip 33064 Country Broward		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida June 5, 2000	
6. FEI Number 65-1037298	Applied For 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 MOLINARI, STEPHEN F.	
Street Address (P.O. Box Number is Not Acceptable) 2436 North Federal Highway	
Suite, Apt. #, Etc. Suite 207	
City Lighthouse Point	State FL Zip Code 33064

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 \_\_\_\_\_

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	MOLINARI, STEPHEN F.	2436 N. Federal Hwy. #207	Lighthouse Point, FL 33064
MGRM	MOLINARI, THEODORE R.	2436 N. Federal Hwy. #207	Lighthouse Point, FL 33064

REINSTATEMENT 2001-2003

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 Stephen F. Molinari Date 7-8-03 Daytime Phone# \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager Stephen F. Molinari

CR2E041 (10/02)