

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

DOCUMENT # L 00000000 7052

1. Limited Liability Company's Name

LONDON CAPITAL MANAGEMENT, LLC

2. Principal Office Address

6715 SW 35th Way

Suite, Apt. #, etc.

City & State

Gainesville, FL 32608

Zip

32608

Country

USA

3. Mailing Office Address

6715 SW 35th Way

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32608

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6-16-00

6. FEI Number

03-0477513

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

Joseph F. Londono

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

6715 SW 35th Way

Suite, Apt. #, Etc.

City

Gainesville

State  
FL

Zip Code

32608

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

*Joseph F. Londono*  
REGISTERED AGENT MUST SIGN

Date

8-12-02

**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
MGR	Joseph F. Londono	6715 SW 35th Way	Gainesville, FL 32608

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

*Joseph F. Londono*

Date

8-12-02

Daytime Phone #

352-371-0056

Typed or printed name of signing Managing Member/Manager

JOSEPH F. LONDONO

FILED

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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