

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 AUG 25 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000014087

1. Limited Liability Company's Name

DO CAP 402, L.L.C.

100159889331
08/24/09--01062--009 **232.50

CR2E041 (10/08)

| | | | |
|---|----------------|---------------------------|---------|
| 2. Principal Office Address - No P.O. Box # 1110 Brickell Avenue | | 3. Mailing Office Address | |
| Suite, Apt. #, etc. 310 | | Suite, Apt. #, etc. | |
| City & State Miami, Florida | | City & State | |
| Zip 33131 | Country USA | Zip | Country |

| | |
|---|---|
| 4. State/Country of Formation Florida | |
| 5. Date Organized or Qualified To Do Business in Florida | |
| 6. FEI Number | Applied For <input checked="" type="checkbox"/> 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 NS CORPORATE SERVICES INC. | | |
| Street Address (P.O. Box Number is Not Acceptable) 1110 Brickell Ave | | |
| Suite, Apt. #, Etc. Suite 310 | | |
| City Miami | State FL | Zip Code 33131 |

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 8/10/2009
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 |
| MGR | JOSE R. DE PAULA | 1110 Brickell Avenue, Suite 310 | Miami, Florida 33131 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 2004-09

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 608.408, 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 8/10/2008 Daytime Phone # _____
Typed or printed name of signing Managing Member/Manager _____