

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # **L00000014577**

1. Limited Liability Company's Name

STRATEGIC EQUITY CAPITAL, LLC

2. Principal Office Address

8567 CORAL WAY

Suite, Apt. #, etc.

#134

City & State

MIAMI FL.

Zip

33155

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida

11/28/2000

6. FEI Number

☒ 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

GEORGE FONTANILLS

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

8567 CORAL WAY

Suite, Apt. #, Etc.

#134

City

MIAMI

State

FL

Zip Code

33155

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

George Fontanills

REGISTERED AGENT MUST SIGN

Date **11/24/03**

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
PRES.	GEORGE FONTANILLS	8567 CORAL WAY #134	MIAMI, FL. 33155

REINSTATEMENT 2001-2003

BK

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

George Fontanills

Date **11/24/03** Daytime Phone # **(305) 968-3054**

Typed or printed name of signing Managing Member/Manager