

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  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

02 FEB 25 PM 3:55

**DOCUMENT #**

1. Limited Liability Company's Name

9/28/01

L00000015666  
 Anglo Capital Limited Company

100005051261--4  
 -03/06/02--01076--038  
 \*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

5988 Coral Ridge Dr.

Suite, Apt. #, etc.

B-10

City & State

Coral Spring FL

Zip Country

33076 BROWARD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

01-11-2001

6. FEI Number

65-1064138

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$500 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

SIMON ELKAIM

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

6930 Palmetto Circle South

Suite, Apt. #, Etc.

201

City

BOCA RATON

State

FL

Zip Code

33433

100005051261--4  
 -03/06/02--01076--037  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

X

REGISTERED AGENT MUST SIGN

Date 12-19-01

**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
President	SIMON ELKAIM	6930 Palmetto C-S #201	Boca Raton, FL 33433
			Rein 100
			01 50
			02 50
			200.00
			np

**REINSTATEMENT 2001-2002**

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

SIMON ELKAIM

Date 12-19-01

Daytime Phone # 954-340-6600

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)