

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida

FILED

02 DEC 11 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000002289

1. Limited Liability Company's Name

13/13 CAPITAL, L.L.C.

2. Principal Office Address

12783 Bay Plantation Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32223

Country

USA

3. Mailing Office Address

12783 Bay Plantation Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32223

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

2-13-01

6. FEI Number

59-3712080

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

Joel Leslie

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

12783 Bay Plantation Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32223

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

REGISTERED AGENT MUST SIGN

Date 12-6-2

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 | Joel B. Leslie | 12783 Bay Plantation Dr. | Jacksonville, FL 32223 |
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REINSTATEMENT

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

Date 12-6-2

Daytime Phone # 904-258-0024

Typed or printed name of signing Managing Member/Manager

Joel Leslie