L01-00000 8228

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 MAY -7 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000008228

1. Limited Liability Company's Name
Capital Investment Properties, LLC
P.O. Box 47705
Tampa, FL 33647

2. Principal Office Address	3. Mailing Office Address
P.O. Box 47705	P.O. Box 47705
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33647 Country: USA	Zip: 33647 Country: USA

4. State/Country of Formation: Florida - USA

5. Date Organized or Qualified To Do Business in Florida: 5/23/01

6. FEI Number: Applied For ☐ Not Applicable ☒

7. CERTIFICATE OF STATUS DESIRED ☒ $30.00 Additional Fee Required For a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Legal Zoom Nevada, Inc

Street Address (P.O. Box Number is Not Acceptable): 111 N.E. First Street

Suite, Apt. #, Etc.: Suite 901

City: Miami State: FL Zip Code: 33132

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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: Jake Vanhere
REGISTERED AGENT MUST SIGN

Date: 4-24-03

CR8E041 (10/02)

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
MGRM	Todd C. Graves	P.O. Box 47705	Tampa, FL 33647
MGRM	Rene M. Kronvold	P.O. Box 47705	Tampa, FL 33647
		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: Todd C. Graves Date: 4-29-03 Daytime Phone #: 813-781-8052

Typed or printed name of signing Managing Member/Manager: Todd C. Graves