

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 11 AM 10:46

DOCUMENT # L01000010287

1. Limited Liability Company's Name

FIRST CAPITAL PARTNERS LLC

2. Principal Office Address

1611 Southwest 2ND Court

Suite, Apt. #, etc.

3. Mailing Office Address

1611 Southwest 2ND Court

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33129

Country

USA

Zip

33129

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

06/25/2001

6. FEI Number

65-1115218

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

HARRISON, SHANNON

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

1611 Southwest 2ND Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33129

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

*Shannon Harrison*  
REGISTERED AGENT MUST SIGN

Date

**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	SHANNON HARRISON	1611 Southwest 2ND Court	Miami, FL 33129
Dir	MELISSA KUIPERS	51 SW 11th Street, Apt 1525	Miami, FL 33130

REINSTATEMENT 02-06

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09/15/06--01039--011 \*\*350.00

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

*Shannon Harrison*

Date

9/7/06

Daytime Phone #

286-287-8010

Typed or printed name of signing Managing Member/Manager

Shannon Harrison