

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

02 NOV 12 AM 11:22

1. DOCUMENT # L01000010292

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0009706 01 FP 0.352 **PRSRT H4 0 0615 32904-151077



FLORIDA CAPITAL NETWORK, L.L.C.
4301-E FORTUNE PLACE
WEST MELBOURNE FL 32904-1510



2. New Mailing Address

1900 S. Harbor City Blvd. Ste. 328
City, State, Zip: Melbourne, FL 32901

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

06/25/2001

Principal Place of Business

4301-E FORTUNE PLACE
WEST MELBOURNE FL 32904

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

16-1627229

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

KANCILIA, JOHN R ESQ.
1800 WEST HIBISCUS BLVD.
SUITE 138
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 10-31-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MANAGER	Ned Buffington	412 Hibiscus Tr	Melbourne Bch, FL 32951
MANAGER	Fred Orlando	180 Bry-Lynn Dr.	IV. Melbourne, FL 32904
MANAGER	Howard Becker	4203 Sparrow Hawk Dr.	Melbourne, FL 32934

REINSTATEMENT

100008943021
11/12/02--01127--002 **150.00

12. 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 11-7-02

Daytime Phone # 321-917-6216

Typed or printed name of signing Managing Member/Manager