

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Division of Corporations

L01000010292

FILED

02 NOV 12 AM 11:22

1. DOCUMENT # L01000010292
 Name and Mailing Address

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0009706 01 FP 0.352 **PRSR T 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 Melbourne, FL 32901		4. State/Country of Formation FL	
Principal Place of Business 4301-E FORTUNE PLACE WEST MELBOURNE FL 32904		5. Date Organized or Qualified To Do Business in Florida 06/25/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 16-1627229	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	
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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: *[Signature]* Date: 10-31-02
 REGISTERED AGENT MUST SIGN

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

REINSTATEMENT 02 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: *[Signature]* Date: 11-7-02 Daytime Phone #: 321-917-6216

CR2E084 (8/02)