

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC -6 AM 11:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000010941

Name and Mailing Address

0000051 01 FP 0.352 **PRSR T1 0 0615 33131-291305



MIAMI CAPITAL PARTNERS, LLC
 C/O NAGEL & FELIPE, LLP
 888 BRICKELL AVENUE, 5TH FLOOR
 MIAMI FL 33131-2913



CR2E084 (8/02)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/29/2001	
Principal Place of Business	3. New Principal Place of Business Address	6. FEI Number 65-1121475	Applied For Not Applicable
C/O NAGEL & FELIPE, LLP 888 BRICKELL AVENUE, 5TH FLOOR MIAMI FL 33131	City, State, Zip	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		9. Name and Address of New Registered Agent	
NAGEL & FELIPE, LLP 888 BRICKELL AVENUE, 5TH FLOOR MIAMI FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable) 000008961670	
		11/13/02--01034--004 **150.00	
		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: *[Signature]* REGISTERED AGENT MUST SIGN Date: 11/6/02

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
M	MARCELL FELIPE, MGR	888 BRICKELL AVENUE 5TH FLOOR	MIAMI, FL 33131
M	PELAYO MENDEZ, MGR	888 BRICKELL AVENUE 5TH FLOOR	MIAMI, FL 33131

REINSTATEMENT *[Signature]*
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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: 11/06/02 Daytime Phone #: 305-381-8500

Typed or printed name of signing Managing Member/Manager