Division of Corporations

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DIVISION OF CORPORATION

Florida Department of State

Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

To:
Division of Corporations
Fax Number : (850)205-0383

From: Nery C. Toledo, Legal Assistant
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

AL

LIMITED LIABILITY REINSTATEMENT

F.I.G. CAPITAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L01000022309

1. Limited Liability Company's Name
F.I.G. CAPITAL, LLC

2. Principal Office Address	3. Mailing Office Address
55 Alhambra Plaza	55 Alhambra Plaza
Suite, Apt. #, etc 7th Floor	Suite, Apt. #, etc 7th Floor
City & State Coral Gables, Florida	City & State Coral Gables, Florida
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/20/2001

6. FEI Number: Applied ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: American Information Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): One Southeast Third Avenue

Suite, Apt. #, Etc.: 28th Floor

City: Miami State: FL Zip Code: 33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: American Information Services, Inc. Nery C. Toledo, Asst. Sec. Date: 11/8/02

REGISTERED AGENT MUST SIGN

CR2E041 (1/99)

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
MGR	FERNANDEZ, MIGUEL B.	55 Alhambra Plaza, 7th Floor	Coral Gables, Florida 33134

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, 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 #: _____

Typed or printed name of signing Managing Member/Manager: Miguel B. Fernandez, Manager

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