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DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000002458

1. Limited Liability Company's Name
FLORIDA CAPITAL MANAGEMENT, LLC

2. Principal Office Address 412 Brazilian Avenue		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Beach, Florida		City & State	
Zip 33480	Country Palm Beach	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 01/31/2002	
6. FEI Number 010656774	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$5.00 Additional Fee required for a Certificate of Status</small>	

8. Name and Address of Current Registered Agent

Name Frederick J. Keitel, III

Street Address (P.O. Box Number is Not Acceptable) 412 Brazilian Avenue

Suite, Apt. #, Etc.

City Palm Beach **State** FL **Zip Code** 33480

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 *Frederick J. Keitel, III* **REGISTERED AGENT MUST SIGN**

Date 4/8/04

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/S/T	Frederick J. Keitel, III	412 Brazilian Avenue	Palm Beach, FL 33480

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 *Frederick J. Keitel, III* **Date** 4/8/04 **Daytime Phone #** 561 310 6864

Typed or printed name of signing Managing Member/Manager Frederick J. Keitel, III

JM

REINSTATEMENT 03-04

Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

FLORIDA CAPITAL MANAGEMENT, LLC

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