

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2006 JAN -3 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

**DOCUMENT #**

1. Limited Liability Company's Name

Capital Investments & Holdings LLC

03

2. Principal Office Address

479 Holiday Drive

Suite, Apt. #, etc.

3. Mailing Office Address

479 Holiday Drive

Suite, Apt. #, etc.

City & State

Hallandale, FL

City & State

Hallandale, FL

Zip

33009

Country

USA

Zip

33009

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

February 8, 2002

6. FEI Number

04-3607635

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**

Name

Alan B. Taylor

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

390 North Orange Avenue

Suite, Apt. #, Etc.

Suite 2200

City

Orlando

700063696677

01/13/06--01064--001 \*\*\*305.00

State  
FL

Zip Code

32801

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

REGISTERED AGENT MUST SIGN

Date December 29, 2005

**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
MGRM	Omer Dror	479 Holiday Drive	Hallandale, FL 33009

REINSTATEMENT 2003-2006

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

Date December 29, 2005

Daytime Phone# (954) 662-1488

Typed or printed name of signing Managing Member/Manager Omer Dror