

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JAN -8 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LO2 000000401

1. Limited Liability Company's Name

1st MUNICH CAPITAL, LLC

300026472193  
01/08/04--01015--012 \*\*200.00

2. Principal Office Address  
225 NE MIZNER BLVD

3. Mailing Office Address  
225 NE MIZNER BLVD

4. State/Country of Formation  
FLORIDA

Suite, Apt. #, etc.  
514

Suite, Apt. #, etc.  
514

5. Date Organized or Qualified  
To Do Business in Florida 3/19/2002

City & State  
BOCA RATON, FL

City & State  
BOCA RATON, FL

6. FEI Number 03-0407758

Applied For  
Not Applicable

Zip Country  
33432 USA

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33432 USA

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
PHILIP J LING

Street Address (P.O. Box Number is Not Acceptable)  
5751-C COACH HOUSE CIR.

Suite, Apt. #, Etc.  
APT. C

City  
BOCA RATON

State Zip Code  
FL 33486

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

Date 01/06/2004

REGISTERED AGENT MUST SIGN

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	THOMAS DOLL	2600 ISLAND BLVD. 2902	WILLIAMS ISLAND/ FL / 33160

REINSTATEMENT 03-04  
OK

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 01/06/2004 Daytime Phone# 305-931-3703

Typed or printed name of signing Managing Member/Manager THOMAS DOLL

CR2E041 (10/02)