

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000007128

Name and Mailing Address

0006927 01 AT 0.292 **AUTO T6 0 0615 33160-494534



GROWTH CAPITAL ONE, LLC
1000 ISLAND BOULEVARD, SUITE 2509
AVENTURA FL 33160-4945

FILED

03 DEC 17 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BR



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/26/2002	
Principal Place of Business 1000 ISLAND BOULEVARD, SUITE 2509 AVENTURA FL 33160	3. New Principal Place of Business Address 2509 City, State, Zip	6. FEI Number	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES, INC. 526 EAST PARK AVE. STE. 200 TALLAHASSEE FL 32302	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 AG Son ~~Handwritten~~ REFUSED Date 12/17/03

REGISTERED AGENT MUST SIGN

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
Member	Bonnie Nelson	1000 Island Blvd. Ste. 2509	Aventura Florida 33160

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 Bonnie Nelson Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager