

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:04

DOCUMENT # L02000012091

1. Limited Liability Company's Name

LUCIDA CAPITAL LLC

2. Principal Office Address

13340 SW 105TH AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33176

Country

USA

3. Mailing Office Address

13340 SW 105TH AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33176

Country

USA

*Handwritten initials*

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

65-0982213

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

SCOTT WEISELBERG

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

350 E. LAS OLAS BLVD

Suite, Apt. #, Etc.

980

City

FT. LAUDERDALE

State

FL

Zip Code

33301

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

*Handwritten signature of Scott Weiselberg*

REGISTERED AGENT MUST SIGN

Date 4/24/06

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	ALAN I. WEISELBERG	13340 SW 105TH AVE	MIAMI FL 33176
			700075102107 05/23/06--01051--001 **400.00
			REINSTATEMENT <u>03-06</u>

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

*Handwritten signature of Alan I. Weiselberg*

Date 4/21/06

Daytime Phone # 954.254.9677

Typed or printed name of signing Managing Member/Manager

ALAN I. WEISELBERG