

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000016716

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 17 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000016716**

1. Limited Liability Company's Name

American Capital Ventures, LLC
03

2. Principal Office Address - No P.O. Box #

1911 Collins Ave

Suite, Apt. #, etc.

#3907

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

3. Mailing Office Address

1911 Collins Ave

Suite, Apt. #, etc.

#3907

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

7/2/02

6. FEI Number

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 Brooks

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

1911 Collins Ave

Suite, Apt. #, Etc.

3907

City

Sunny Isles Beach

State

FL

Zip Code

33160

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

[Signature]

BK

Date **4-17-07**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	<i>[Signature]</i> ALAN BROOKS	1911 COLLINS AVE APT 3907	SUNNY ISLES BEACH FL 33160

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REINSTATEMENT 2003-2007

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 608.408, 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

[Signature]

Date **4-17-07** Daytime Phone # **305 792 9191**

Typed or printed name of signing Managing Member/Manager **Alan Brooks**