APPROVEL AND FILED

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

04 MAY -3 PH, 4: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT'# L02000023548

	1002-11
REMST	<u>uu</u>

1. Limited Liability Company's Name					4052 -	_	
Awgeles Co	ipital L	. L . C ,		STATEME	1 200	<u>H</u>	
2. Principal Office Address	3. Mailing Office Address				•		
505 Beach land Blue			4. State/Count	4. State/Country of Formation			
uite, Apt. #, etc. Suite, Apt. #, etc.			FLOLIDA				
PMB 270				5. Date Organized or Qualified To Do Business in Florida			
City & State	City & State 6. FEI Nu		6. FEI Numbe	r	Applied For		
Vero Beach Fr	Zip	Country		<u> 2715080</u>	Not Applicable		
32967	Σip	Gountry	7. CERTIFICATE	OF STATUS DESIRED 55.00	Additional Fee required a Certificate of Status		
	8. Name and A	Address of Current	Registered Agent				
Street Address (P.O. Box Number is No 979 Beach Suite, Apt. #, Etc.		•	00 05/12/	1 0036196 3 /0401038003	320 **200,00		
Vero Beach				State Zip Code FL 32963			
9. I, being appointed the registered agent of the abo Signature of Registered Agent RE			with and accept the obligati	Date 4/25/01	1	CR2E041 (10/02)	
10. Names and Street Addresses of Managing Men	nbers/Managers						
Titles Name of Managing Members/Manage	ers	Street Addre Managing Mem		City / State	a / Zip		
MEGRIN, CHRIS BLANE	707	seaway (Voorack	vero beach	E. 32963		
		-					
, -					NO		
·			•		9		
11. I certify that I am managing member/manager of filing this reinstatement application the reason for all fees owed by the limited liability company have as if made under oath.	dissolution has been elimit	nated, the litrited lial in indicated on this a	pplication is true and accura	te, and my signature shall have	the same legal effect		
Signature of Manager Manager	Ham	D	ate 4-67-04 D	Paytime Phone# 772 - 2	21 - 8288		
Typed or printed name of signing Managing Member/	Manager W. (CHRIS	BLANE				