

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

04 AUG 26 PM 12:37

09/15/04

DOCUMENT # L02000028734

1. Limited Liability Company's Name

CAPITAL INVESTMENTS, L.L.C.

REINSTATEMENT 2003-2004

2. Principal Office Address

1225 SW 87th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33174

Country

USA

3. Mailing Office Address

1225 SW 87th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33174

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10/29/2002

6. FEI Number

NONE

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

Robert Wayne, Esquire

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

1225 S.W. 87th Avenue,

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33174

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

REGISTERED AGENT MUST SIGN

ROBERT WAYNE, ESQ.

Date

8/23/04

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	Ivan Alvarez	1225 SW 87th Avenue	Miami, Florida 33174
MGR	Ricardo Javier Alvarez	1225 SW 87th Avenue	Miami, Florida 33174

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

Ivan Alvarez

Date

8/23/04

Daytime Phone #

(305) 458-0008

Typed or printed name of signing Managing Member/Manager

Ivan Alvarez, Manager