

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

09 JUN 15 PM 2:23

DOCUMENT # **L02000031641**

1. Limited Liability Company's Name

AKILAH CAPITAL GROUP, L.L.C.

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

5011 SW 158th AVENUE

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

Zip

33027

Country

USA!

3. Mailing Office Address

5011 SW 158th AVENUE

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

Zip

33027

Country

USA!

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida

11/25/2002

6. FEI Number

320043852

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

WILLIAM WALLACE IV

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

5011 SW 158th AVENUE

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Will Wallace IV

REGISTERED AGENT MUST SIGN

Date **MAY 26, 2009**

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	WILLIAM WALLACE IV	5011 SW 158th AVENUE	MIRAMAR, FL 33027

REINSTATEMENT 2005 - 2009

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

Will Wallace IV

Date

5/26/09

Daytime Phone #

(917) 862-1025

Typed or printed name of signing Managing Member/Manager

WILLIAM WALLACE IV



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2009

AKILAH CAPITAL GROUP, LLC
5011 SW 158TH AVE
MIRAMAR, FL 33027

SUBJECT: AKILAH CAPITAL GROUP, L.L.C.
Ref. Number: L02000031641

We have received your document for AKILAH CAPITAL GROUP, L.L.C. and check(s) totaling \$660.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 709A00019244