

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

**L02000031641**

DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000031641

Name and Mailing Address

0000275 01 AV 0.278 \*\*AUTO T1 0 0615 33131-434150



AKILAH CAPITAL GROUP, L.L.C.  
201 S. BISCAYNE BLVD., SUITE 2600  
MIAMI FL 33131-4341



2. New Mailing Address <b>5011 SW 158<sup>th</sup> AVENUE</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>MIRAMAR FLORIDA 33027</b>		5. Date Organized or Qualified To Do Business in Florida <b>11/25/2002</b>	
Principal Place of Business <b>201 S. BISCAYNE BLVD., SUITE 2600 MIAMI FL 33131</b>	3. New Principal Place of Business Address <b>5011 SW 158<sup>th</sup> AVENUE</b>	6. FEI Number <b>32-0043852</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
City, State, Zip <b>MIRAMAR, FL 33027</b>		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent <b>TAGUE, BRIAN P.A. C/O TEW CARDENAS REBAK KELLOGG LEHMAN ETAL 201 SOUTH BISCAYNE BOULEVARD, 26TH FLOOR MIAMI FL 33131</b>		9. Name and Address of New Registered Agent <b>WILLIAM WALLACE III RIVIERA ISLES - SANS SOUCI VILLAGE 5011 SW 158<sup>th</sup> AVENUE City MIRAMAR FL Zip Code 33027</b>	
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10. 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 *William Wallace III* **SIGNATURE REQUIRED** Date 11/10/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	WALLACE, WILLIAM IV	C/O 201 S BISCAYNE BLVD., STE 2600	MIAMI FL 33131

000024622320  
11/13/03--01016--007 \*\*155.00

**REINSTATEMENT 03**

12. 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 *William Wallace III* **SIGNATURE REQUIRED** Date 11/10/03 Daytime Phone # (954) 447-1150

Typed or printed name of signing Managing Member/Manager WILLIAM WALLACE III