

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 MAY -2 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04252005 REIN-LLC CR2E101 (6/04)

<b>DOCUMENT #L03000017068</b> 1. Entity Name <b>FIRST AMERICAN CAPITAL LLC</b>					
Principal Place of Business <b>8267 S.W. 128TH ST. #205 PINECREST, FL 33156 US</b>			Mailing Address <b>8267 S.W. 128TH ST. #205 PINECREST, FL 33156 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-1188376</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CUTLER, KEN 8267 S.W. 128TH ST. #205 PINECREST, FL 33156</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$200.00</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MEMBER CUTLER, KEN 8267 S.W. 128th St #205 PINECREST, FL 33156</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>200054915902</b> <b>05/20/05--01038--018 **200.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>11</b> I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <u>Ken Cutler</u> <b>KEN CUTLER</b> <u>4/26/05</u> <u>305-531-6750</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

REINSTATEMENT 04-05