

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

05 DEC -1 AM 10:35

DOCUMENT # L030000 39648

1. Limited Liability Company's Name

Capital Resource & Investment
Group LLC.

CR2E041 (8/05)

2. Principal Office Address

333 Arthur Godfrey Rd
Suite, Apt. #, etc.
600

3. Mailing Office Address

1960 S. Glades Dr. #9
Suite, Apt. #, etc.
#9

City & State

Miami Beach FL 33140

City & State

N. Miami FL 33162

Zip

33140

Country

USA

Zip

33162

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

10/16/2003

6. FEI Number

76-0744274

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

Craig V. Sizem

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

1960 S. Glades Dr. #9

Suite, Apt. #, Etc.

#9

City

N. Miami, FLORIDA

State

FL

Zip Code

33162

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

Craig V. Sizem

REGISTERED AGENT MUST SIGN

Date

11/28/05

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
CEO	Craig V. Sizem	1960 S. Glades Dr. #9	N. Miami FL 33162

900061828039
12/01/05--01040--008 *\$205.00

REINSTATEMENT 04-05

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

Craig V. Sizem

Date

11/28/05

Daytime Phone #

305 244-8427

Typed or printed name of signing Managing Member/Manager

Craig V. Sizem