

(2)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 MAR 16 PM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000020867

1. Corporation Name

KAPITAL OF DORAL LLC

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

3. Mailing Office Address

11317 NW 62 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DORAL FL.

Zip

Country

Zip

Country

33178

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/2004

5. FEI Number

203276922

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EDGAR GONZALEZ

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

11317 NW 62 TERR

Suite, Apt. #, Etc.

City

DORAL

State

FL

Zip Code

33178

500270079265
03/06/15--01002--001 **321.25
500270079265
02/27/15--01030--009 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date **25/02/2015**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	ANA GONZALEZ	11317 NW 62 TERR	DORAL FL. 33178
MGRM	EDGAR GONZALEZ	11317 NW 62 TERR	DORAL FL. 33178

REINSTATEMENT

2009 2015

10. E-mail Address: **EAGG74@YAHOO.COM**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 FEB 2014

3057814967

Date

Daytime Phone #