PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY 09 AUG 17 PM 2: 41 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # L04000069486 1. Limited Liability Company's Name 400159274174 08/18/09--01005--003 **138.75 Trajan Capital, LLC # 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # 7101 SW 129 Ave. 7101 SW 129 Ave. 4. State/Country of Formation Florida/US Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida September 23, 2004 City & State City & State Applied For Miami Miami 680594695 Not Applicable Zip Country Country 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required 33183 US 33183 US for a Certificate of Status 8. Name and Address of Current Registered Agent A \$100 reinstatement fee is imposed, except Victor Hernandez in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 7101 SW 129 Ave. box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 reinstatement be waived. City Zip Code Miami 33183 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 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers/ Name of Managing Members/Managers Street Address of Each Titles City / State / Zip Managing Member/Manager MGRM Victor Hernandez 7101 SW 129 Avenue #8 Miami / FL / 33183 S. HAWKES S. HAWKES AUG 1 8 2009 EXAMINER **EXAMINER** 11. I certify that I am managing member/manager of 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 eath. Date 57/4/09 Daytime Phone # Managing Member/Manager

Typed or printed name of signing Managing Member/Manager



August 12, 2009

VICTOR HERNANDEZ 7101 SW 129 AVE 8 MIAMI, FL 33183

SUBJECT: TRAJAN CAPITAL, LLC

Ref. Number: L04000069486

We have received your document for TRAJAN CAPITAL, LLC and your check(s) totaling \$402.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2007 through 2009;and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$138.75.

Please return your document, along with 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) 245-6955.

Letter Number: 409A00027527

Suzanne Hawkes Regulatory Specialist II Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: LLC Reinstatement Doc # L04000069486

To Whom It May Concern:

The payment enclosed is the missing portion of the total amount due for reinstating my LLC. My reinstatement documents were sent in with a \$377.50 money order to reinstate and a separate one for \$25 to register a name change.

I should have sent in \$516.25 (\$138.35 X 3 years, plus \$100 reinstatement fee), instead I erroneously calculated for only 2 years. The missing \$138.35 is enclosed here.

Thank you in advance for you promptly handling this matter

Sincerely,

Victor Hernandez