

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000084700

1. Limited Liability Company's Name

KAPYTAL GROUP, LLC

FILED
09 APR -8 PM 1:25
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 6800 SW 40 STREET		3. Mailing Office Address SAME	
Suite, Apt. #, etc. STE: 680		Suite, Apt. #, etc. B/K	
City & State MIAMI, FL		City & State B/K	
Zip 33155	Country	Zip 33155	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 11-22-2004	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name NAHIROBIHT ANDERSON			
Street Address (P.O. Box Number is Not Acceptable) 6800 SW 40 STREET			
Suite, Apt. #, Etc. STE: 680			
City MIAMI	State FL	Zip Code 33155	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

(Signature) Nahirobiht Anderson

REGISTERED AGENT MUST SIGN

Date

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
MGRM	NAHIROBIHT ANDERSON	6800 SW 40 STREET STE: 680	MIAMI, FL 33155
MGRM	ZAIRE CABRAL	6800 SW 40 STREET STE: 680	MIAMI, FL 33155

REINSTATEMENT 2005-2009

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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

(Signature) Nahirobiht Anderson

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager