

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000092038

1. Limited Liability Company's Name

SWISS CAPITAL Group, LLC

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

6814 W. Sample Rd

Suite, Apt. #, etc.

3. Mailing Office Address

6814 W. Sample Rd

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33067

Country

USA

City & State

Coral Springs FL

Zip

33067

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

12/20/2004

6. FEI Number

202281041

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

MICHAEL E. RAHEY

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

6814 W Sample Rd

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33067

☒ 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]

REGISTERED AGENT MUST SIGN

Date

2/28/2010

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
Pres	Michael E. Rahey	6814 W. Sample Rd	Coral Springs FL 33067
VP	Mildred Rahey	209 Wisley Way	Ringgold, GA 30736
Tres	Christopher Rahey	6814 W. Sample Rd	Coral Springs FL 33067
Sect	Michael E. Rahey	6814 W. Sample Rd	Coral Springs FL 33067
REINSTATEMENT			
<u>2007-10</u>			

11. E-mail Address: MICHAELRAHEY@HOTMAIL.COM

(To be used for future annual report notifications)

12. 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]

Date

2/28/2010

Daytime Phone #

954-6517410

Typed or printed name of signing Managing Member/Manager