

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

| | | |
|---|---|---|
| DOCUMENT # L05000046839 1. Entity Name STRATEGICA CL, LLC | |  |
| Principal Place of Business 701 BRICKELL AVE. SUITE 2500 MIAMI, FL 33131 | | Mailing Address 701 BRICKELL AVE. SUITE 2500 MIAMI, FL 33131 |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State |
| Zip | Country | Zip |
| Country | | Country |

FILED

08 JUN 13 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05022008 REIN-LLC CR2E101 (1/07)

4. FEI Number **APPLIED FOR** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

| | |
|---|---|
| 6. Name and Address of Current Registered Agent RITTER, ZARETSKY & LIEBER, LLP 555 NE 15TH STREET SUITE 100 MIAMI, FL 33132 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$277.50
138.75

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------|--------------------------------------|-----------------------|---|
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRATEGICA CAPITAL ASSOCIATES, INC. | NAME | |
| STREET ADDRESS | 701 BRICKELL AVE. SUITE 2500 | STREET ADDRESS | 800131389488 |
| CITY-ST-ZIP | MIAMI, FL 33131 | CITY-ST-ZIP | 06/17/08--01004--006 **138.75 |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SE INVESTMENTS, LLC | NAME | |
| STREET ADDRESS | 4430 PRAIRIE AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | 04/19/07-90032-013-\$50.00 |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | REINSTATEMENT 07-08 |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Strategica Capital Associates, Inc by Steven R. Cook, Exec VP* *06/19/08 3055361414*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #