

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC -9 AM 11:34

200138516372
12/05/08--01040--008 **282.50

CR2E041 (10/08)

DOCUMENT #

1. Limited Liability Company's Name

CAPITAL GAINES INVESTMENT GROUP, LLC

2. Principal Office Address - No P.O. Box #
10250 Belcrest Blvd.

Suite, Apt. #, etc.

City & State
Fort Myers, Florida

Zip Country
33913 USA

3. Mailing Office Address
10250 Belcrest Blvd.

Suite, Apt. #, etc.

City & State
Fort Myers, Florida

Zip Country
33913 USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 7/07/2005

6. FEI Number
203150490

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
Steven W. Moore, P.A.

Street Address (P.O. Box Number is Not Acceptable)
8200 Bryan Dairy Road

Suite, Apt. #, Etc.
Suite 300

City State Zip Code
Largo FL 33777

☒ 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

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
MGR	John R. Gaines, Sr.	10250 Belcrest Blvd.	Fort Myers, Florida 33913

REINSTATEMENT 2007, 2008

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

Date

Daytime Phone # 239-313-7840

Typed or printed name of signing Managing Member/Manager John R. Gaines, Sr.

LAW OFFICES OF
STEVEN W. MOORE
A PROFESSIONAL ASSOCIATION

The Fairways Office Center at Bardmoor
8200 Bryan Dairy Road
Suite 300
Largo, Florida 33777
(727) 395-9300
(727) 395-9329 Facsimile
E-mail: attorneymoore@tampabay.rr.com

December 2, 2008
File No.: 2596-0200

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

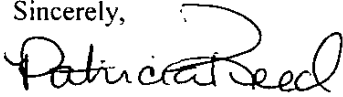
RE: Reinstatement of Capital Investment Group, LLC.

To Whom it may concern:

Enclosed please find the completed Reinstatement Form for the above corporation and a check made payable to the Department of State for \$282.50. A Certificate of Status is desired and we would like you to mail it to the above Registered Agents address.

If you have any questions or if we can be of any assistance please do not hesitate to contact me.

Sincerely,


Patricia Reed, Legal Assistant
STEVEN W. MOORE, P.A.

Enclosures (2)