

MAY-29-2008 THU 12:37 PM Tew Cardenas

FAX NO.

P. 01/02

Division of Corporations

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L050000095371

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : TEW CARDENAS, LLP

Account Number : 073674003226

Phone : (305) 536-1112

Fax Number : (305) 536-1116

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DIVISION OF CORPORATIONS
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LIMITED LIABILITY REINSTATEMENT

INTERNATIONAL CAPITAL GROUP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$521.25

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5/22/2008

EXAMINER

MAY-29-2008 THU 12:38 PM Tew Cardenas
05-29-2008 12:03PM FROM-TEW CARDENAS REBAK

FAX NO.
+908381116

P. 02/02
T-513 P.002/002 F-128

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000095371			
1. Limited Liability Company's Name International Capital Group, LLC			
2. Principal Office Address - No P.O. Box # 1155 Brickell Bay Drive Suite, Apt. #, etc. Apt. 1410 City & State Miami, FL Zip 33131		3. Mailing Office Address 1155 Brickell Bay Drive Suite, Apt. #, etc. Apt. 1410 City & State Miami, FL Zip 33131	
Country USA		Country USA	
4. State/County of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida			
6. FBI Number NONE		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒ (Add address of office and for a certificate of status)			
☒ A \$100 reinstatement fee is imposed, except in circumstances when 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.			
8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road Suite, Apt. #, Etc. Suite 250 City Plantation State FL Zip Code 33324			
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: <u><i>Barbara A. Burke</i></u> Barbara A. Burke Special Assistant Secretary Date: <u>5-22-08</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Jesus N. Kafati	1155 Brickell Bay Dr. Apt. 1410	Miami, FL 33131
MGRM	Payton Investments, Inc.	1155 Brickell Bay Dr. Apt. 1410	Miami, FL 33131
11. I certify that I am managing member/manager of the entity or trustee and covered by statute 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 satisfied 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 <u><i>Jesus N. Kafati</i></u>		Date: <u>05/22/08</u> Daytime Phone: <u>305-371-7220</u>	
Typed or printed name of signing Managing Member/Manager		JESUS KAFATI	

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