PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 OCT 24 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L06000111923

1. Limited Liability Company's Name
Capital Group Holdings LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1835 NE Miami Gardens DR.	1835 NE Miami Gardens Dr.
Suite, Apt. #, etc. 225	Suite, Apt. #, etc. 225
City & State North Miami Beach, FL	City & State North Miami Beach, FL
Zip 33179 Country USA	Zip 33179 Country USA

4. State/Country of Formation FLORIDA/USA
5. Date Organized or Qualified To Do Business In Florida 11-17-06
6. FEI Number 26-2940744 [X] Applied For [ ] Not Applicable
7. CERTIFICATE OF STATUS DESIRED [ ]

8. Name and Address of Current Registered Agent
Name: Spiegel & Utrera P.A.
Street Address (P.O. Box Number is Not Acceptable): 1640 SW 22 St
Suite, Apt. #, Etc.: 4th Floor
City: Miami State: FL Zip Code: 33145

[X] 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: Spiegel & Utrera P.A. By: Natalie Utrera Vice President
REGISTERED AGENT MUST SIGN
Date 10/15/08

10a. 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	TRAVIS schaberg	1835 NE Miami Gardens DR. Suite 225	North Miami Beach, FL 33179

REINSTATEMENT-07-08

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11. I certify that I am managing member/manager or the registered 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 complies the requirements of section 608.508, 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: Travis Schaberg Date 10/15/08 Daytime Phone # 305-528-6210

Typed or printed name of signing Managing Member/Manager: Travis Schaberg