

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000078915

1. Limited Liability Company's Name

Innovative Capital Ventures at BranchCreek LLC

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

1680 Michigan Ave.

Suite, Apt. #, etc.

Suite 1016

City & State

Miami Beach, FL.

Zip

33139

Country

US

3. Mailing Office Address

1680 Michigan Ave.

Suite, Apt. #, etc.

Suite 1016

City & State

Miami Beach, FL.

Zip

33139

Country

US

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

07/27/2007

6. FEI Number

27-1567861

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

Albert J. Lazo, P.A.

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

201 Alhambra Cir.

Suite, Apt. #, Etc.

Suite 501

City

Coral Gables

State

FL

Zip Code

33134

☐ 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]

Date 12-28-09

REGISTERED AGENT MUST SIGN

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
<u>MGR</u>	<u>AO Management LLC</u>	<u>1680 Michigan Ave. #1016</u>	<u>Miami Beach, FL. 33139</u>

11. E-mail Address: ALAZO @ LAZOLAW.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 12/28/09

Daytime Phone # 786-253-5270

Typed or printed name of signing Managing Member/Manager

Anthony Ocampo, as Manager of AO management LLC