PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 25 PM 4:04

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000103229

400163139714

CR2E041 (12/07)

1. Limited Liability Company's Name
ST. ANDREWS CAPITAL LLC

08

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
715 Bayshore Drive		715 Bayshore Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
401		401	
City & State		City & State	
Ft. Lauderdale, Florida		Ft. Lauderdale, Florida	
Zip	Country	Zip	Country
33304	US	33304	US

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
10/11/2007

6. FEI Number
26-3436539
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name
C. Christian Sautter, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2850 North Andrews Avenue

Suite, Apt. #, Etc.

City	State	Zip Code
Fort Lauderdale	FL	33311

☑ 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 _____ Date 11/25/2009
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
MG	A.J. Nassar - MGRM	715 Bayshore Dr., #401	Ft. Laud., FL 33304

REINSTATEMENT 2008 - 2009

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 608.408, 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 11/25/2008 Daytime Phone # (954) 600-7418

Typed or printed name of signing Managing Member/Manager A.J. Nassar, MGRM

CSC L07000103229

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 199560 98373A

AUTHORIZATION : Lynn Bekeman

COST LIMIT : $ 282.50

ORDER DATE : November 25, 2009

ORDER TIME : 12:22 PM

ORDER NO. : 199560-005

CUSTOMER NO: 98373A

09 NOV 25 PM 4:04

SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOMESTIC FILINGS

NAME: ST. ANDREWS CAPITAL LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS BK

B. KOHR

NOV 25 2009

EXAMINER