

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000104785

1. Limited Liability Company's Name

TANGO POINT CAPITAL, LLC.

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 OCT 15 PM 1:35

CR2E041 (10/08)

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

1221 BRICKELL AVE

Suite, Apt. #, etc.

9TH FLOOR

City & State

MIAMI FL

Zip

33131

Country

USA

3. Mailing Office Address

1221 BRICKELL AVE

Suite, Apt. #, etc.

9TH FLOOR

City & State

MIAMI FL

Zip

33131

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida **10/16/2007**

6. FEI Number

☒

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

SANDRA ACOSTA

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

1221 BRICKELL AVE

Suite, Apt. #, Etc.

9TH FLOOR

City

MIAMI

State

FL

Zip Code

33131

☒ 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 **10-13-2009**

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
MGR	SANDRA ACOSTA	1221 BRICKELL AVE 9TH FLOOR	MIAMI FL 33131

700161764907
10/15/09--01006--008 **277.50

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 608.406, 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 **10-13-2009**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager