

L09000072945

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000072945
1. Limited Liability Company's Name

Athena Capital II, LLC

000188745370
12/16/10--01023--008 **238.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 2699 Stirling Road		3. Mailing Office Address 2699 Stirling Road	
Suits, Apt. #, etc. Suite B-100		Suite, Apt. #, etc. Suite B-100	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33312	Country US	Zip 33312	Country US

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida July 29, 2009	
6. FEI Number 27-0678858	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **Andrew T. Lavin, Esq.**

Street Address (P.O. Box Number is Not Acceptable)
2699 Stirling Road

Suits, Apt. #, Etc.
Suite B-100

City Ft. Lauderdale	State FL	Zip Code 33312
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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: *Andrew Lavin* Date: 12/13/10

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
MGRM	Steven Rosenfield	2699 Stirling Road, Suite B-100	Ft. Lauderdale, FL 33312

11. E-mail Address: mohsted@navonlavin.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: *Steven Rosenfield* Date: 11/29/2010 Daytime Phone #: 305-775-9903

Typed or printed name of signing Managing Member/Manager: Steven Rosenfield **B. BOSTICK**