


L09000073136

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L09000073136 1. Limited Liability Company's Name <h2 style="text-align: center;">Athena Capital I, LLC</h2>			
2. Principal Office Address - No P.O. Box # 2699 Stirling Road Suite, Apt. #, etc. Suite B-100 City & State Ft. Lauderdale, FL Zip Country 33312 US		3. Mailing Office Address 2699 Stirling Road Suite, Apt. #, etc. Suite B-100 City & State Ft. Lauderdale, FL Zip Country 33312 US	
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida July 29, 2009			
6. FEI Number 27-0678812		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 Suite, Apt. #, Etc. Suite B-100 City State Zip Code Ft. Lauderdale FL 33312			
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 <i>Andrew Lavin</i> Date 12/13/10 <div style="text-align: center; font-size: small;">REGISTERED AGENT MUST SIGN</div>			
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: <u>molmsad@nevonisvfn.com</u> (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 608.408, 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 <i>Steven Rosenfield</i>		Date 11/29/2010 Daytime Phone # 305-775-9903	
Typed or printed name of signing Managing Member/Manager Steven Rosenfield			

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B. BOSTICK

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EXAMINER