

L09000074905

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L09000074905 1. Limited Liability Company's Name Athena Capital III, LLC					
2. Principal Office Address - No P.O. Box # 2699 Stirling Road		3. Mailing Office Address 2699 Stirling Road		4. State/Country of Formation Florida	
Suite, Apt. #, etc. Suite B-100		Suite, Apt. #, etc. Suite B-100		5. Date Organized or Qualified To Do Business in Florida August 4, 2009	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL		6. FEI Number 27-0678737	
Zip 33312	Country US	Zip 33312	Country US	☐ 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: Andrew T. Lavin, Esq. Street Address (P.O. Box Number is Not Acceptable): 2699 Stirling Road Suite, Apt. #, Etc.: Suite B-100 City: Ft. Lauderdale State: FL Zip Code: 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 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: <u>molmated@navonlevin.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 608.406, 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: <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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EXAMINER