

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FILED

13 DEC 31 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name

RCG CAPITAL TRUST LLC

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

501 SW 56 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

501 SW 56 AVE

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida
08/10/2010

6. FEL Number

Applied For

272885992

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

CHRYSIAN GARCIA

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

501 SW 56 AVE

Suite, Apt. #, Etc.

City
MARGATE

State
FL

Zip Code
068

E-mail Address:

600255127446

12/31/13--01007--001 **238.75

CHRYSGARCIA@AOL.COM

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

**Signature of
Registered Agent**

Date _____

REGISTERED AGENT MUST SIGN

10. ~~Names and Addresses of Each Person Authorized to manage the Limited Liability Company~~

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	ROGER GARCIA	501 SW 56 AVE	MARGATE FL 33068
	REINSTATEMENT		DEC 31 2013
		R. HUNT	

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**Signature of
Authorized Person**

—Date

Daytime Phone #

Typed or printed name of signing Authorized Person ROGER GARCIA