

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -1 PM 11:02

DOCUMENT #

L98-2668

1. Limited Liability Company's Name

FLORIDA Growth Capital, L.L.C.

2. Principal Office Address

8714 Pisa Drive

Suite, Apt. #, etc.

Suite 813

City & State

ORLANDO FL

Zip

32810

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 2000

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

Nov 12, 1998

6. FEI Number

593541281

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

David G. FRANKLIN

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

8714 PISA DRIVE

Suite, Apt. #, Etc.

813

City

ORLANDO

700003456817-3

-11/08/00--01025--017

***155.00 ***155.00

State

FL

Zip Code

32810

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

David G. Franklin

Date 10/28/00

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	David G. Franklin	8714 Pisa Drive #813	Orlando, FL 32810
MGRM	Larry C. Maddox	6602 W. 131 st Street	Overland Park KS 66209

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

David G. Franklin

Date 10/28/00

Daytime Phone #

407 660-0601

Typed or printed name of signing Managing Member/Manager

DAVID G. FRANKLIN

CR2E041 (9/00)