

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

APPROVED
AND
FILED

00 OCT 27 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000006513**

1. Limited Liability Company's Name

SOVEREIGN CAPITAL PARTNERS, LLC

REINSTATEMENT 2000

2. Principal Office Address

4101 N. OCEAN BLVD.

Suite, Apt. #, etc.

SUITE D1405

City & State

BOCA RATON, FL

Zip

33431

Country

USA

3. Mailing Office Address

4101 N. OCEAN BLVD

Suite, Apt. #, etc.

SUITE D1405

City & State

BOCA RATON, FL

Zip

33431

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

10/08/99

6. FEI Number

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

W. BRADLEY MUNROE, ESQ.

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

239 EAST VIRGINIA STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE,

State

FL

155.00

32301

300003456183-4

-11/07/00--01123--005

155.00

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

W. Bradley Munroe
REGISTERED AGENT MUST SIGN

Date **10-27-00**

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	SOVEREIGN CAPITAL ADVISORS, LLC	4101 N. OCEAN BLVD SUITE D1405 BOCA RATON, FL 33431	BOCA RATON, FL 33431

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

Stanley Taragowski

Date **10/25/00**

Daytime Phone #

212-897-7365

Typed or printed name of signing Managing Member/Manager

STANLEY TARAGOWSKI, MANAGING MEMBER

SOVEREIGN CAPITAL ADVISORS, LLC

CR2041 (9/00)