## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY DEINSTATEMENT	Secret	RTMENT OF STATE ary of State	FILED			
REINSTATEMENT	DIVISION OF CORPORATIONS		2012 NOV 13 PM 1: 04			
DOCUMENT # MOOOOOOO 624			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Monroe Capital, LLC				IALLARASSELL	LUMBA	
			700241757997 11/13/1201037013 **1487.50 CR2E041 (1/11)			
2. Principal Office Address - No P.O. Box # 3. Mailing C 1 North End Avenue 1 North		l Avenue	4. State/Coul	ntry of Formation		
Suite, Apt. #, etc. Suite, Apt. #, Suite 1201 Suite 1				New York, USA  5. Date Organized or Qualified To Do Business in Florida 3/27/2000		
City & State New York, New York  City & State New Y		ork 6. FEI		er	Applied For	
Zip Country	Zip	Country	11-342358	\$5.00	Not Applicable Additional Fee required	
10282-1101 USA	10282	USA	CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
8. Name and Address of Current Registered Agent Name			E-mail Address:			
Mark B. Fisher Street Address (P O. Box Number is Not Acceptable)				-		
301 West 41 Street Suite, Apt. #, Etc.			- <b>l</b>			
Suite 300		State Zip Code		36@gmail.com		
Miami Beach FL 3314			(To be used for future annual report notices)			
9. I, being appointed the registered agent of the above paged limited liability company, am familiar with an Signature of Registered Agent  REGISTERED AGENT MUST SIGN				Date November 7, 2012		
10. Names and Street Addresses of Managing Members/Managers						
Name of Managing Members/ Managers		Street Address of Each Managing Member/ Manager		City / State / Zip		
MGR Mark B. Fish	er	56 Bal Bay Drive		Bal Harbour,	FL 33514	
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RENOTATEMENT 2003-2012						
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. I am aware that also 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 Managing Signature of Manager Date 11/7/12 Daytime Phone # 5/6-68v-3o5L						
Typed or printed name of signing Managing Member/Manager						