PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

02 OCT 30 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

M00000001328

DOCUMENT # M00000001328

1. Limited Liability Company's Name

CAPITAL DIRECT LLC

REINSTATEMENT 2001-2002

2. Principal Office Address	**3.** Mailing Office Address
4101 RAVENSWOOD RD	4101 RAVENSWOOD RD
Suite, Apt. #, etc.: 128	Suite, Apt. #, etc.: 128
City & State: FT LAUDERDALE	City & State: FT LAUDERDALE
Zip: 33312 Country:	Zip: 33312 Country:

4. State/Country of Formation: GEORGIA

5. Date Organized or Qualified To Do Business in Florida: 6.26.00

6. FEI Number: 58-2561475 ☐ 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: PATRICIA A. MEDING

Street Address (P.O. Box Number is Not Acceptable): 4101 RAVENSWOOD RD

000087033988
10/30/02--01098--002 **200.00

Suite, Apt. #, Etc.: 128

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: Patricia A. Meding
REGISTERED AGENT MUST SIGN

Date: 9-25-02

CR2E041 (9/01)

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
MS	PATRICIA A. MEDING	4101 RAVENSWOOD RD Suite 128	FT LAUDERDALE FL 33312

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: Patricia A Meding Date: 9/25/02 Daytime Phone: 212-785-6200

Typed or printed name of signing Managing Member/Manager: PATRICIA A. MEDING