

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR 15 PM 2:08

DOCUMENT # M03000001421

1. Limited Liability Company's Name

ACP FLORIDA INVESTMENT FUND I LLC

900175940799
11/17/08--01060--003 **138.75

900175940799
04/15/10--01002--024 **277.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 444 BRICKELL AVENUE		3. Mailing Office Address	
Suite, Apt. #, etc. SUITE 900		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33131	Country MIAMI-DADE	Zip	Country

4. State/Country of Formation DELAWARE	
5. Date Organized or Qualified To Do Business in Florida 05/05/2003	
6. FEI Number 13-4250222	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM			
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD			
Suite, Apt. #, Etc.			
City PLANTATION	State FL	Zip Code 33324	

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Madonna Cuddihy

Special Assistant Secretary

3-18-10

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
MGR	ACP OFFICE INVESTMENTS I LLC	444 BRICKELL AVE., STE 900	MIAMI, FL 33131

REINSTATEMENT 2008-2010

11. E-mail Address: nhill@americascapital.com

(To be used for future annual report notifications)

12. 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

Date

3/22/10

Daytime Phone # 305.995.9998

Typed or printed name of signing Managing Member/Manager ALLEN C. DE OLAZARRA



AMERICA'S
CAPITAL
PARTNERS

March 22, 2010

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: ACP Florida Investment Fund I LLC
Document No. M03000001421

Dear Sir/Madam:

Enclosed please find check # 4404 in the amount of \$277.50 together with the Limited Liability Company Reinstatement form submitted on behalf of the above-captioned entity. The check represents the additional fees due to complete reinstatement.

Please note that a fee of \$138.75 was submitted in November 2008 and remains on the account for 2008. I have attached copies for your review.

Please process accordingly. Kindly contact me if you have any questions or require any additional information. Thank you for your assistance.

Sincerely,

Nancy Hill
Legal Assistant

/nlh
Encls.