

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**11 JUL 18 PM 1:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # M05000004281**

1. Limited Liability Company's Name

**CAPITAL REALTY INVESTMENT GROUP, LLC**

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

**401 N. FEDERAL HWY**

Suite, Apt. #, etc.

3. Mailing Office Address

**1033 FOREST MAPLE RD**

Suite, Apt. #, etc.

City & State

**POMPANO BEACH, FL**

City & State

**VIENNA, VA**

Zip

**33062**

Country

**USA**

Zip

**22182**

Country

**USA**

4. State/Country of Formation

**VIRGINIA**

5. Date Organized or Qualified

To Do Business in Florida **08/02/2005**

6. FEI Number

**010691386**

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

**SHAPIRO, BLASI, WASSERMAN & GORA, P.A.**

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

**7777 GLADES ROAD**

Suite, Apt. #, Etc.

**SUITE 400**

City

**BOCA RATON**

State

**FL**

Zip Code

**33434**

E-mail Address:

**900209402109  
06/28/11--01003--014 \*\*818.75**

**ngouonly@hotmail.com**

(To be used for future annual report notices)

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

Date **6/24/11**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MGRM   | LIM NGOUONLY                         | 1033 FOREST MAPLE ROAD                            | VIENNA, VA 22182   |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**REINSTATEMENT 2007-2011 up 7/19/11**

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 false 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  
Member/Manager

(MANAGER)

Date **6/23/11**

Daytime Phone # **301 2316060**

Typed or printed name of signing Managing Member/Manager