

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

11 MAY 18 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600207821106
05/18/11--01001--014 **521.25

CR2E041 (1/11)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000002840

1. Limited Liability Company's Name

Sunbelt Capital Holdings LLC

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

1221 Brickell Avenue

Suite, Apt. #, etc.

Suite 2660

City & State

Miami, Florida

Zip

33131

Country

United States

3. Mailing Office Address

1221 Brickell Avenue

Suite, Apt. #, etc.

Suite 2660

City & State

Miami, Florida

Zip

33131

Country

United States

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

5/22/2006

6. FEI Number

20-4909303

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

CorpDirect Agents, Inc.

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

515 E. Park Avenue

Suite, Apt. #, Etc

City

Tallahassee

State

FL

Zip Code

32301

E-mail Address:

adejongh@1848capital.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

Michele Holden

Michele Holden,

Asst. Secretary

Date 05/18/2011

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
MGRM	Joseph DaGrosa, Jr.	1221 Brickell Avenue Suite 2660	Miami, FL 33131
MGRM	David Neithardt	1221 Brickell Avenue Suite 2660	Miami, FL 33131
	L. SELLERS		
	MAY 18 2011		
	EXAMINER		

REINSTATEMENT

2009-2011

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

David Neithardt

Date 5/17/11

Daytime Phone # (786) 662-3114

Typed or printed name of signing Managing Member/Manager

David Neithardt