

MD9000001582

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 27 PM 2:56

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

2010

DOINA CAPITAL LLC

pk

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1940 PARK AVENUE		3. Mailing Office Address 1940 PARK AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL	
Zip 33139	Country USA	Zip 33139	Country USA
8. Name and Address of Current Registered Agent			
Name CAPITAL CORPORATE SERVICES, INC.			
Street Address (P.O. Box Number is Not Acceptable) 166 OFFICE PLAZA DR.			
Suite, Apt. #, Etc. SUITE A			
City TALLAHASSEE		State FL	Zip Code 32301

4. State/Country of Formation DELAWARE	
5. Date Organized or Qualified To Do Business in Florida 2009 APR 29	
6. FEI Number	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☒ \$500 (Additional Fee required for a Certificate of Status)	
E-mail Address: 100215549191	
33139 (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 606, F.S.

Signature of Registered Agent

Krista Ali

Krista Ali, Auth. Sec

Date 12/23/2011

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Adrian Alexandru	1940 Park Avenue	Miami Beach, FL 33139
REINSTATEMENT 2010-2011			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, 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.617.185, F.S.

Signature of Managing Member/Manager

Adrian Alexandru

Date 12/22/2011

Daytime Phone #

Typed or printed name of signing Managing Member/Manager ADRIAN ALEXANDRU

866 738-9412

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DATE: 12-27-2011

NAME: DOINA CAPITAL LLC

TYPE OF FILING: REINSTATEMENT

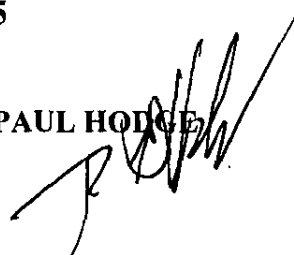
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