M09000001582

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1940 PARK AVENUE		1940 PARK AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI BEACH, FL		MIAMI BEACH, FL	
Zip	Country	Zip	Country
33139	USA	33139	USA

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 ☑ $5.00 Additional fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CAPITAL CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 156 OFFICE PLAZA DR.

Suite, Apt. #, Etc.: SUITE A

City: TALLAHASSEE | State: FL | Zip Code: 32301

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 608, F.S.

Signature of Registered Agent Krista Ali Krista Ali Asst. Sec Date 12/23/2011

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
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 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 Adrian Alexandru Date 12/22/2011 Daytime Phone # 866 738-9412

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

M09000001582

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12-27-2011

NAME: DOINA CAPITAL LLC

TYPE OF FILING: **REINSTATEMENT**

COST: **$377.50 + $30.00= $407.50**

RETURN: **CERTIFIED COPY**

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 DEC 27 AM 10:42
FILED TO ACKNOWLEDGE SUFFICIENCY OF FILING

ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE**

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

BK