

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M10000004273

1. Limited Liability Company's Name

Capital Guardian Holding, LLC

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

1395 Brickell Ave

Suite, Apt. #, etc.

Suite 1500

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

1395 Brickell Ave

Suite, Apt. #, etc.

Suite 1500

City & State

Miami, FL

Zip

33131

Country

USA

8. Name and Address of Current Registered Agent

Name

Justin P. Lowe

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

1395 Brickell Ave

Apt. #, Etc.

Suite 1500

City

Miami

State

FL

Zip Code

33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

Date

12/13/17

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>Chairman</u>	<u>Justin P. Lowe</u>	<u>1395 Brickell Ave</u>	<u>Miami, FL 33131</u>
<u>EMD</u>	<u>Gregory P. Hogan</u>	<u>1395 Brickell Ave</u>	<u>Miami, FL 33131</u>

11. E-mail Address:

JL@CGHoldCo.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 authorized representative/member

[Signature]

Date 12-12-17

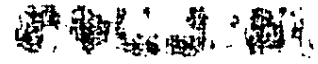
Daytime Phone #

Typed or printed name of signing authorized representative/member

Gregory P. Hogan

FILED

DEC 21 AM 4:18



DEC 21 2017

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CR25041 (1/14)

4. State/Country of Formation

North Carolina

5. Date Organized or Qualified
To Do Business in Florida

9-29-2010

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a certificate of status

N/A