

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 DEC 22 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000035044

1. Limited Liability Company's Name  
EQUITY FINANCE, LLC

2. Principal Office Address  
c/o Steven M. Greenberg, Esq.  
110 S.E. 6th Street

Suite, Apt. #, etc.  
Suite 1970

City & State  
Fort Lauderdale, FL

Zip Country  
33301 USA

3. Mailing Office Address  
c/o Steven M. Greenberg, Esq.  
110 S.E. 6th Street

Suite, Apt. #, etc.  
Suite 1970

City & State  
Fort Lauderdale, FL

Zip Country  
33301 USA

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 09/16/2003

6. FEI Number 20-0225375

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 Steven M. Greenberg, Esquire

Street Address (P.O. Box Number is Not Acceptable) Entin, Margules & Della Fera, P.A.

Suite, Apt. #, Etc. 110 S.E. 6th Street, Suite 1970

City Fort Lauderdale

State Zip Code  
FL 33301

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

REGISTERED AGENT MUST SIGN

Date

12/13/04

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	Jack Titolo	2320 N.E. 32nd Court	Lighthouse Point, FL 33064

**REINSTATEMENT 04**

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12/22/04--01066--022 \*\*150.00

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.

Signature of Managing Member/Manager

Date

12/14/04

Daytime Phone# (954) 786-9011

Typed or printed name of signing Managing Member/Manager Jack Titolo

CR2E041 (10/02)