


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SEC. FILED
DIVISION STATE
06 FEB 20 AM 9:18

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

400067309524
03/07/06--01021--015 **200.00
CR2E041 (8/05)

2. Principal Office Address c/o Steven M. Greenberg 110 S.E. Sixth St. Suite, Apt. #, etc. 1970		3. Mailing Office Address c/o Steven M. Greenberg 110 S.E. Sixth Street Suite, Apt. #, etc. 1970	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip . 33301	Country USA	Zip 33301	Country USA

4. State/Country of Formation Florida
5. Date Organized or Qualified To Do Business in Florida 9/16/2003
6. FEI Number 20-0225375
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Steven M. Greenberg, Esq.

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

Suite, Apt. #, Etc.
110 S.E. Sixth Street, Suite 1970

City
Fort Lauderdale, FL

State
FL

Zip Code
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 [Signature] Date 2/15/06

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

REINSTATEMENT 05-06

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 [Signature] Date 2/15/06 Daytime Phone# 954-857-6866

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