


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000050127


1. Entity Name
VFINANCE LENDING SERVICES, INC.



FILED
06 APR 28 AM 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3010 NORTH MILITARY TRAIL, SUITE 300 BOCA RATON, FL 33431	Mailing Address 3010 NORTH MILITARY TRAIL, SUITE 300 BOCA RATON, FL 33431
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04062006 REIN-PSW-CR2E098 (11/05) 05-06

4. FEI Number
27-0010633

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

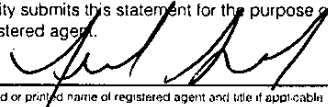
6. Name and Address of Current Registered Agent

**ANGELL COROPRATE SERVICES, INC.
C/O EDWARDS & ANGELL, LLP
ONE NORTH CLEMATIS STREET SUITE 400
WEST PALM BEACH, FL 33401**

7. Name and Address of Now Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

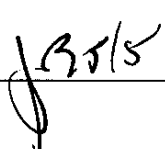
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4/13/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

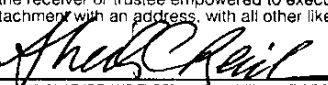
TITLE	D <input type="checkbox"/> Delete	
NAME	SOKOLOW, LEONARD J	
STREET ADDRESS	3010 NORTH MILITARY TRAIL, SUITE 300	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	D <input type="checkbox"/> Delete	
NAME	CAMPANELLA, RICHARD	
STREET ADDRESS	3010 NORTH MILITARY TRAIL, SUITE 300	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	 <input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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05/11/06--01005--026 *908.75**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Sheila Reinken CFO** **4/6/06** **561-981-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #