

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
With Secretary of State

FILED

02 OCT 30 AM 9:56

1. DOCUMENT # L01000006617

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0010048 01 FP 0.352 **PRSR H6 0 0615 33480-466911



RETAIL FACTORING GROUP, LLC
311A WORTH AVE.
PALM BEACH FL 33480-4669



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

04/27/2001

Principal Place of Business

311A WORTH AVE.
PALM BEACH FL 33480

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-1098434

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

O'NEILL, JOHN D
223 PERUVIAN AVE.
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

John D. O'Neill
REGISTERED AGENT MUST SIGN

Date 10/25/2002

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Man. member	Steven Stolman	Southampton, Inc 311A Worth Avenue	Palm Beach, FL 33480
Man. member	I.O.R., Inc.	2025A N.W. 21 Terrace	Miami, FL 33142

REINSTATEMENT

2002
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10/30/02-01074-006 **150.00

12. 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

Steven Stolman

Date 10/22/2002 Daytime Phone # 561/655-9820

Steven Stolman, Pres. of Steven Stolman Southampton, Inc.

Typed or printed name of signing Managing Member/Manager