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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000021035

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
02 NOV 25 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021035

Name and Mailing Address

0008550 01 FP 0.352 **PRSRT H7 0 0615 33139-261053

SBFC CAPITAL, LLC
940 LINCOLN ROAD
203
MIAMI BEACH FL 33139-2610

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 12/04/2001

Principal Place of Business
940 LINCOLN ROAD
203
MIAMI BEACH FL 33139

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 01-0575279 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

NOGAY, BARRY L
940 LINCOLN ROAD
203
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

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

City FL Zip Code

600008945706
11/12/02--01143--012 **150.00

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: B Nogay Date: 11/6/02

REGISTERED AGENT MUST SIGN

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
MGRM	Barry L. Nogay	940 Lincoln Road #203	Miami Beach, FL 33139

REINSTATEMENT 2002

12/2002

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: B Nogay Date: 11/6/02 Daytime Phone # (305) 604-0405

Typed or printed name of signing Managing Member/Manager