

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB -5 PM 1:32

DOCUMENT # L02000003142

1. Limited Liability Company's Name

Capital Service Company, LLC

**REINSTATEMENT** 2003-2004

WL 02/20/04

2. Principal Office Address

555 South Federal Highway

Suite, Apt. #, etc.

Suite 450

City & State

Boca Raton, Florida

Zip

33432

Country

USA

3. Mailing Office Address

555 South Federal Highway

Suite, Apt. #, etc.

Suite 450

City & State

Boca Raton, Florida

Zip

33432

Country

USA

Florida-USA

5. Date Organized or Qualified  
To Do Business in Florida

February 8, 2002

6. FEI Number

02-0629903

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

Law Office of Robert C. Stone, P.A.

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

555 South Federal Highway

Suite, Apt. #, Etc.

Suite 450

City

Boca Raton

State

FL

Zip Code

33432

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

*Robert C. Stone*

Date 1/21/04

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
MGR	Robert C. Stone	555 South Federal Highway, Suite 450	Boca Raton, Florida 33432
MGR	Joseph H. Muraskin	555 South Federal Highway, Suite 450	Boca Raton, Florida 33432
		2003 -	
	<b>REINSTATEMENT</b>	2004	
		700028225947	02/05/04--01008--004 **205.00

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

*Robert C. Stone*

Date 1/21/04

Daytime Phone# (561) 338-4940

Typed or printed name of signing Managing Member/Manager Robert C. Stone, MGR

CR2E041 (10/02)