## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT #

Name and Mailing Address

L02000019982

0012191 01 AT 0.292 \*\*AUTO T5 0 0615 33432-484051 1a41aa11a4a4a41a41a41a41a41a4111aaa1a1aa41aa CAPITAL ACCESS GROUP, L.L.C. 95 SOUTH FEDERAL HIGHWAY, SUITE 201 **BOCA RATON FL 33432-4840** 

Typed or printed name of signing Managing Member/Manager

FILED

2004 MAR -4 PM 3: 15

DIVIDION OF CORPORATIONS FALLAHASSEE, FLORIDA

REINSTATEMENT 2003 2 4. State/Country of Formation FL City, State, Zip Date Organized or Qualified 08/06/2002 To Do Business in Florida Principal Place of Business 95 SOUTH FEDERAL HIGHWAY, Applied For 6. FEI Number New Principal Place of Business Address **SUITE 201** Not Applicable **BOCA RATON FL 33432** City, State, Zip \$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent HASKIN, LEE A C/O HASKIN & ASSOCIATES, INC Street Address (P.O. Box Number is Not Acceptable) 95 SOUTH FEDERAL HIGHWAY, SUITE 201 **BOCA RATON FL 33432** Zip Code above name / limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. 10. I, being appointed the register agent of Date / 2/31/0 18 Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Names and Street Addresses of Each Managing Member/Manager Name of Managing Street Address of Each Title(s) City / State / Zip Members/Managers Managing Member/Manager MGR HASKIN, LEE A 95 SOUTH FEDERAL HIGHWAY, SUITE 201 **BOCA RATON FL 33432** 000029568290 03/01/04--01018--007 \*\*20 REINSTATEMENT 2004 \*\*200.00 0d0029568290 03/04/04--01005--001 12. I certify that I am managing member/ma ager filing this reinstatement application the viason f or the receiv/r or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when r dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that ason for dissolution all fees owed by the limited liability coas if made under oath. ve been pa The information indicated on this application is true and accurate, and my signature shall have the same legal effect Date 12/31/03 Daytime Phone # 561 392-9666 Managing Member/Manage