

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SEC. FILED  
DIVISION OF CORPORATIONS  
06 FEB 20 AM 9:18

**DOCUMENT #** L03000035044

**1. Limited Liability Company's Name**

EQUITY FINANCE, LLC

**2. Principal Office Address**

c/o Steven M. Greenberg  
110 S.E. Sixth St.  
Suite, Apt. #, etc.

1970

City & State

Ft. Lauderdale, FL

Zip

. 33301

Country

USA

**3. Mailing Office Address**

c/o Steven M. Greenberg  
110 S.E. Sixth Street  
Suite, Apt. #, etc.

1970

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

400067309524  
03/07/06--01021--015 \*\*200.00  
CR2E041 (8/05)

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

9/16/2003

**6. FEI Number**

20-0225375

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

Steven M. Greenberg, Esq.

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

Entin, Della Fera & Greenberg

Suite, Apt. #, Etc.

110 S.E. Sixth Street, Suite 1970

City

Fort Lauderdale,

State

FL

Zip Code

33301

**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

REGISTERED AGENT MUST SIGN

Date

2/15/06

**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
MGRM	Jack Titolo	2320 N.E. 32nd Court	Lighthouse Point, FL 33064

REINSTATEMENT 05-06

**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

Date

2/15/06

Daytime Phone #

954-857-6866

Typed or printed name of signing Managing Member/Manager

Jack Titolo