


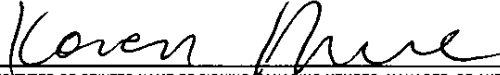


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 27 AM 10:50

<b>DOCUMENT # L04000090107</b> 1. Entity Name <b>CAPITAL FINANCIAL SERVICES, LLC</b>					
Principal Place of Business <b>12280 NW 77 MANOR PARKLAND, FL 33076</b>			Mailing Address <b>12280 NW 77 MANOR PARKLAND, FL 33076</b>		
2. Principal Place of Business <b>1620 W. Oakland Blvd</b> Suite, Apt. #, etc. <b>401 C</b>		3. Mailing Address Suite, Apt. #, etc. <b>see shown</b>			
City & State <b>Ft. Lauderdale, FL</b>		City & State <b>see shown</b>		09012006 REIN-LLC CR2E101 (11/05)	
Zip <b>33311</b>		Country <b>USA</b>		4. FEI Number <b>none</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>THOMPSON, ANWAR 12280 NW 77 MANOR PARKLAND, FL 33076</b>			7. Name and Address of New Registered Agent Name <b>Karen Munroe</b> Street Address (P.O. Box Number is Not Acceptable) <b>1620 W. Oakland Blvd</b> <b>401 C</b> City <b>Ft. Lauderdale FL</b> Zip Code <b>33311</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent. SIGNATURE  DATE <b>09/01/2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, ANWAR 12280 NW 77 MANOR PARKLAND, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900081499339 11/03/06--01034--011 **100.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUNROE, KAREN 12280 NW 77 MANOR PARKLAND, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900081499339 11/28/06--01065--017 **100.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUNROE, DIAVAN 12280 NW 77 MANOR PARKLAND, FL 33076	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUNROE, MIKALLA 12280 NW 77 MANOR PARKLAND, FL 33076	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			09/01/2006		954 610 7718
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>

REINSTATEMENT