PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY
~~REINSTATEMENT~~
UNIFORM BUSINESS REPORT 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JUN -5 PM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000494

1. Limited Liability Company's Name

CAPITAL SOLUTIONS & FACTORING L.C..
12751 WORLD PLAZA LN
FT MYERS,,FL 33907

2. Principal Office Address		**3.** Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 4,21,1997

6. FEI Number: 65-0750559 ☐ 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: KUSHNER, STEVEN P

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-06/12/00--01119--014
*****50.00 *****50.00

Street Address (P.O. Box Number is Not Acceptable): 1375 JACKSON ST SUITE 202

Suite, Apt. #, Etc.:

City: FT MYERS, FL | State: FL | Zip Code: 33901

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 _____ Date _____
REGISTERED AGENT MUST SIGN

R2E041 (9/99)

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
MEM	WEIL, CARLOS	7250 HEAVEN LANE	FT MYERS, FL 33908
MEM	SIMKO, PABLO	16918 TIMBERLAKES DR.	FT MYERS, FL 33908

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 6-2-00 Daytime Phone # 941-277-5810

Typed or printed name of signing Managing Member/Manager CARLOS WEIL