--- PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DOCUI 1. Corporatio	T# P010000	00886	T MALLAH)	ÄŜŜŁ	UF STATE El FLORID A					
Capte	nancial Group,	Inc.	7000 02/05/07-	700087361527 02/05/0701013024 **1058.75						
,			W07 - 33							
2. Principal Office Address			3. Mailing Office Address		REINS	STAT	TEMENT 05	5-07		
10200 W. 44th Avenue Suite, Apt. #, etc.			Same Suite, Apt. #, etc.		- '	•	CRZE081 (12/0 <u>5)</u>			
Suite 210-E						4. Date Incorporated or Qualified To Do Business in Florida 1/3/01				
City & State Wheat Ridge, CO			City & State		5. FEI Number Applied For					
Zip			Zip Country		6	65-1082135 Not Applicable				
80033		USA			CERTIFICATE	OF STATI		itional Fee required rtificate of Status		
7. Name and Address of Current Registered Agent Name Littman, Sherlock & Heims Street Address (P.O. Box Number is Not Acceptable) 618 E. Ocean Boulevard Suite, Apt. #, Etc. Suite 5 City Stuart State FL Zip Code 34994										
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 1/4/2007										
Titles	III ONOCE TO	Name of	TOT DIRECTOR OF TOTALS TO	Street Address of Each			City / State / Zip			
Pres	Wesle	y F. Whiting	10	Officer and/or Director 10200 W. 44th Ave., #210-E			Wheat Ridge, CO 80033			
Secy Dir	Redgi	e Green	16!	16538 W. 76th Drive		Arvada, CO 80007				
]							
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: Wesley F. Whiting 1/16/07 303-940-2090 SIGNATURE AND TYPED OR/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										