

~PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -9 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000115743

1. Corporation Name

CAPITAL FINANCING SERVICES, CORP.

2. Principal Office Address

900 W 49 ST. #424

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

Zip

33012

Country

3. Mailing Office Address

P.O. BOX 127449

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

Zip

33012

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/28/2002

5. FEI Number

51-0451989

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ARMANDO RODRIGUEZ

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

900 W 49 STREET

Suite, Apt. #, Etc.

SUITE #424

City

HIALEAH

State

FL

Zip Code

33012

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 10/06/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/S	ARMANDO RODRIGUEZ	900 W 49 ST. #424	HIALEAH, FLORIDA 33012
			300023671153 10/09/03-01067 013 **158.7

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 under section 119.07(3)(i), 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:

ARMANDO RODRIGUEZ

10/06/03

(305)824-1133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2470 / 12



CAPITAL

Financing Services Corp.

A Licensed Mortgage Brokerage Business

900 W. 49 Street, Suite # 424

Hialeah, FL 33012

Phone: (305) 824-1133

Fax: (305) 824-1334

October 6, 2003

Re: reinstatement

Document #P02000115743

Capital financing Services, Corp.

To Whom It May Concern:

Please be advised our corporation did not receive the annual renewal report. We were not aware of the filing requirement at this time we are asking for a courtesy waiver of the reinstatement fee. Enclosed you will find a reinstatement application along with a check for \$150.00 plus \$8.75 for a certificate of status.

Sincerely,



Armando Rodriguez
President