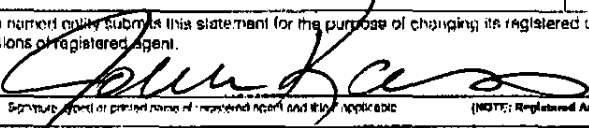
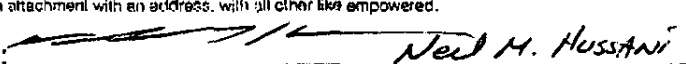


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 FEB 25 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000083885			
1. Entity Name CAPITAL FORCE, INC.			
Principal Place of Business 3302 CHARLES MACDONALD DRIVE SARASOTA, FL 34240-36		Mailing Address 3302 CHARLES MACDONALD DRIVE SARASOTA, FL 34240	
2. Principal Place of Business - No P.O. Box # 538 12th St. W. Suite, Apt. #, etc.		3. Mailing Address 538 12th St. W. Suite, Apt. #, etc.	
City & State Bradenton FL		City & State Bradenton FL	
Zip 34205		Country US	
4. FEI Number 65-1106997		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MOHAMAD, WAIEL 1922 7TH AVE. APT. 11 BRADENTON, FL 34205		7. Name and Address of New Registered Agent Name: JOHN W. KAKLIS Street Address (P.O. Box Number is Not Acceptable) 538 12th St. W. City: BRADENTON FL Zip Code: 34205	
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	
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: HUSSANI, NEIL STREET ADDRESS: 3302 CHARLES MACDONALD DRIVE CITY-ST-ZIP: SARASOTA, FL 34240		TITLE: ☐ Change ☐ Addition NAME: 400118753474 STREET ADDRESS: 02/25/08--01053--022 CITY-ST-ZIP: **300.00	
TITLE: ☐ Delete NAME: ☐ Delete STREET ADDRESS: ☐ Delete CITY-ST-ZIP: ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-ST-ZIP: ☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: Jan, 13, 2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	