


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**COMPANY  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

2007 FEB 26 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000121799

1. Limited Liability Company's Name

CAPITAL Funding FINANCIAL Services, dnc.

400089722224  
03/01/07--01003--008 \*\*300.00

**REINSTATEMENT** 06-07

|                                   |                |                                   |                |
|-----------------------------------|----------------|-----------------------------------|----------------|
| 2. Principal Office Address       |                | 3. Mailing Office Address         |                |
| 7000 W. Palmetto Park Rd.         |                | 7000 W. Palmetto Park Rd.         |                |
| Suite, Apt. #, etc.<br>Suite #402 |                | Suite, Apt. #, etc.<br>Suite #402 |                |
| City & State<br>BOCA RATON FL.    |                | City & State<br>BOCA RATON FL.    |                |
| Zip<br>33433                      | Country<br>USA | Zip<br>33433                      | Country<br>USA |

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

10/29/2003

6. FEI Number

☒ 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

STEVEN B. GREENFIELD

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

7000 W. PALMETTO PARK RD.

Suite, Apt. #, Etc.

Suite #402

City

BOCA RATON FL.

State

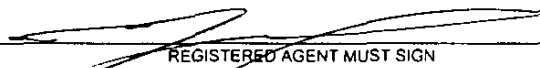
FL

Zip Code

33433

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



REGISTERED AGENT MUST SIGN

Date

1/31/07

10. Names and Street Addresses of Managing Members/Managers

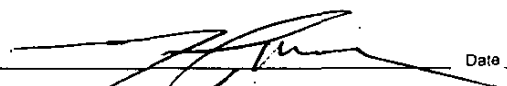
| Titles    | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip   |
|-----------|--------------------------------------|---|----------------------|
| President | Steven B. Greenfield                 | 7000 W. PALMETTO PARK RD                          | BOCA RATON FL. 33433 |
| Secretary | Steven B. Greenfield                 | 7000 W. PALMETTO PARK RD #402                     | BOCA RATON FL 33433  |
| Treasurer | Steven B. Greenfield                 | 7000 W. PALMETTO PARK RD #402                     | BOCA RATON FL. 33433 |
|           |                                      |   |                      |
|           |                                      |   |                      |
|           |                                      |   |                      |
|           |                                      |   |                      |

**REINSTATEMENT** 06-07

B. 2/27/07

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

1/31/07

Daytime Phone #

561-392-6391

Typed or printed name of signing Managing Member/Manager