
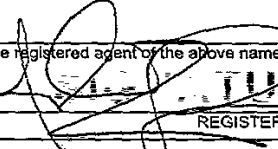



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		AND FILED NOV 24 PM 2:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000097277					
1. Corporation Name CAPITAL CORPORATE FINANCE, INC.					
Principal Place of Business ONE SE 3RD AVENUE, 22ND FLOOR MIAMI FL 33131			Mailing Address ONE SE 3RD AVENUE, 22ND FLOOR MIAMI FL 33131		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/14/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0844686	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
P/S/D	JOHN C. ZELAYA	ONE SE 3 rd AVE #2250 MIAMI, FL 33131			
T	ANTHONY LEAVITT	ONE SE 3 rd AVE #2250 MIAMI, FL 33131			
			100002699661--0 -12/01/98--01090--025 ****750.00 ****750.00		
8. Name and Address of Current Registered Agent MERKIN, STEWART A 444 BRICKELL AVENUE, RIVERGATE PLAZA #300 MIAMI FL 33131			9. Name and Address of New Registered Agent Name JOHN C. ZELAYA Street Address (P.O. Box Number is Not Acceptable) ONE SE 3 rd AVE #2250 Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33131		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent:  DATE 11/23/98 REGISTERED AGENT MUST SIGN					
11: This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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:  DATE 11/23/98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN C. ZELAYA, PRESIDENT 305-373-6500 Daytime Phone #					

CR25040 (6/98)