

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -8 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
Equity Funding Corp., F03000003976

558 Hempstead Avenue
SAA

2. Principal Office Address
558 Hempstead Avenue

3. Mailing Office Address
SAA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
West Hempstead, NY

City & State

Zip Country
11552 USA

Zip Country

REINSTATEMENT 04

4. Date Incorporated or Qualified
To Do Business in Florida 8/11/03

5. FEI Number
11-3362156

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
Concetta Gize

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

Suite, Apt. #, Etc.

City
Venice

State Zip Code
FL 34293

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

Concetta G. Gize
REGISTERED AGENT MUST SIGN

Date 10/6/04

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
Pres.	Christopher Hein	2004 Mid Lane South	Muttontown, NY 11797
VP	Christopher Hein	2004 Mid Lane South	Muttontown, NY 11797
Sec'y	Christopher Hein	2004 Mid Lane South	Muttontown, NY 11797
Treas.	Christopher Hein	2004 Mid Lane South	Muttontown, NY 11797
			700041730877 10/08/04--01062--004 **750.00

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:

Christoph Hein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/04

Date

(516) 481-8182

Daytime Phone #

CR2E081 (01/04)