


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000068382

1. Entity Name
ONYX DIRECT FUNDING, LLC



FILED
 08 OCT 15 PM 11:08
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

Principal Place of Business 12864 BISCAYNE BLVD., SUITE 332 NORTH MIAMI, FL 33181	Mailing Address 12864 BISCAYNE BLVD., SUITE 332 NORTH MIAMI, FL 33181
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2. Principal Place of Business - No P.O. Box # 12864 Biscayne Blvd.	3. Mailing Address 12864 Biscayne Blvd.	Suite, Apt. #, etc. Suite 332	Suite, Apt. #, etc. Suite 332
City & State North Miami, Florida	City & State North Miami, Florida	4. FEI Number 07242008 REIN-LLC	Applied For CR2E101 (1/07)
Zip 33181	Country USA	Zip 33181	Country USA

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OWENS, ROBERT
12864 BISCAYNE BLVD., SUITE 332
NORTH MIAMI, FL 33181


7. Name and Address of New Registered Agent

Name _____

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

City **FL** Zip Code _____

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  **Robert Owens** DATE **9-24-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	OWENS, ROBERT	
STREET ADDRESS	12864 BISCAYNE BLVD., SUITE 332	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500136815105	
STREET ADDRESS	10/10/08--01036--004 **277.50	
CITY-ST-ZIP		

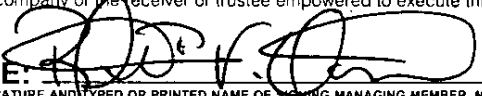
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REINSTATEMENT

2007-08

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE  **Robert Owens, Member** DATE **9-24-08** 305-899-8465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #