APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

L96000000440

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 26 PM 1:11

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L96000000440

VANGUARD MARKETING, L.C.

(new name: Vanguard Funding, L.C.)
See amendments

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

2150 Gooddlette Rd. Ste.307
Naples, FL 34102

2. Principal Place of Business	2a. Mailing Address
2150 Goodlette Rd	Same
Suite, Apt. #, etc.: 307	Suite, Apt. #, etc.
City & State: Naples, FL	City & State
Zip: 34102 Country	Zip Country

3. Date Organized or Qualified	3a. State of Formation
April 18, 1996	Florida

4. FEI Number — ☒ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired — $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
Keith Basik 7755 Jewel Lane, Apt. 203 Naples, Florida	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

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 _____ Date 3/19/98

(If changing Registered Agent, New Agent must sign)

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
Pres.	Larry Basik	5725 Gage Lane, Apt 302 Naples, FL 33962	Naples, FL 33962

700002474907--2
-04/01/98--01013--019
****930.00 ****877.50

REINSTATEMENT 97-98 EA

50000 - Penalty
200.00 - AR
177.50 - SUPPLE

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 Larry P. Basik Date 3/19/98 Daytime Phone # (941)262-4622

Typed or printed name of signing Managing Member/Manager _____

CR2E041 12/97