

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 22 PM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000440

1. Limited Liability Company's Name

VANGUARD FUNDING, L.C.

2. Principal Office Address

720 GOODLETTE RD

Suite, Apt. #, etc.

305

City & State

NAPLES FLA

Zip

34102

Country

Collier

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLA / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-0594317

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

LARRY BASIK

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

5725 GAGE LN

Suite, Apt. #, Etc.

302

City

NAPLES FL

State

FL

Zip Code

34113

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

[Signature of Larry Basik]

Date 12/10/99

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

MEM

LARRY BASIK

5725 GAGE LN APT 302

NAPLES FL 34113

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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

[Signature of Larry Basik]

Date 12/10/99 Daytime Phone # (941) 262-4622

Typed or printed name of signing Managing Member/Manager

LARRY BASIK