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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # L96000000440

1. Limited Liability Company's Name

Vanguard Funding, L.C.

REINSTATEMENT 2000

2. Principal Office Address	**3.** Mailing Office Address
720 Goodlette Rd	same
Suite, Apt. #, etc.: Suite 305	Suite, Apt. #, etc.
City & State: Naples, FL	City & State
Zip: 34102 Country: Collier	Zip Country

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: 4/11/95

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: Keith Basik

Street Address (P.O. Box Number is Not Acceptable): 720 Goodlette Road

900003473569--7
-11/21/00--01119--007
****150.00 ****150.00

Suite, Apt. #, Etc.: Suite 305

City: Naples State: FL Zip Code: 34102

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 10/23/00
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
MGRM	Keith Basik	1101 Royal Palm Dr.	Naples, FL 34103
MGRM	Jeffrey Basik	7870 Eagles Flight Ln.	Ft. Myers, FL 33912 ~~241~~

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 _____ Date 10/23/00 Daytime Phone # (941) 262-4622

Typed or printed name of signing Managing Member/Manager _____