


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 15 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 584603		
1. Entity Name MYCO FUNDING, INC.		

Principal Place of Business 1761 W. HILLSBORO BLVD. 323 SUITE 323 DEERFIELD BEACH, FL 33442 US	Mailing Address 1761 W. HILLSBORO BLVD. 323 SUITE 323 DEERFIELD BEACH, FL 33442 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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KLEIN, ALFRED E 2101 N.W. 60TH CIRCLE BOCA RATON, FL 33496		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  (NOTE: Registered Agent signature required when reinstating) DATE 11-13-06

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFRED E. KLEIN	NAME	400082573014
STREET ADDRESS	2101 NW 60 CIR.	STREET ADDRESS	12/15/06--01043--009 **750.00
CITY-ST-ZIP	BOCA RATON, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Vice Pres.
NAME		NAME	MARVIN TANNER
STREET ADDRESS		STREET ADDRESS	805 CYPRESS BLVD #106
CITY-ST-ZIP		CITY-ST-ZIP	POMPANO BCH, FL 33069
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 11-13-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #