

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN 10 AM 6:33

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000004702

1. Corporation Name

Affordable Funding, Inc.

2. Principal Office Address - No P.O. Box #
5711 Six Forks Road

3. Mailing Office Address
5711 Six Forks Road

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
Raleigh, NC

City & State
Raleigh, NC

Zip Country
27609 US

Zip Country
27609 US

4. Date Incorporated or Qualified
To Do Business in Florida 08/14/2000

5. FEI Number
56-1704786

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Barbara Burgess

Street Address (P.O. Box Number is Not Acceptable)
11129 Harbour Estates Circle

Suite, Apt. #, Etc.

City
Fort Myers

State Zip Code
FL 33902

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Barbara Burgess

REGISTERED AGENT MUST SIGN

Date

6/3/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jeffrey P. Burgess	3620 Ranlow Drive	Raleigh, NC 27612
T	Howard M. Nathan	29116 Shenandoah Drive	Farmington Hills, MI 48331
C	William A. Newman	3000 Glazier Way, Apt. 110	Ann Arbor, MI 48105

REINSTATEMENT

03-09
B 6/15/09

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

William A. Newman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/3/09

810 231-8600

Daytime Phone #

ext 226