

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

15 APR 24 PM 12:28

SECRETARY OF STATE
FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **FO100000 4299**

1. Corporation Name

ALTA FUNDING, INC

2. Principal Office Address - No P.O. Box #

101425 OVERSEAS HWY.

Suite, Apt. #, etc.

#175

City & State

Key Largo, Fl.

Zip

33037

Country

Monroe

3. Mailing Office Address

101425 OVERSEAS HWY.

Suite, Apt. #, etc.

#175

City & State

Key Largo, Fl.

Zip

33037

Country

Monroe

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/14/2001

5. FET Number

330930925

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Your Capital Connection Inc**

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

417 E. Virginia St.

Suite, Apt. #, Etc.

Suite 1

City

Tallahassee

State

FL

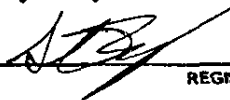
Zip Code

32301

500272198285
04/24/15--01005--014 **750.00

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



REGISTERED AGENT MUST SIGN

Date

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
Sec. Treas. Pres.	SANDRA CASTRO	101425 OVERSEAS HWY. #175	Key Largo, FL 33037

REINSTATEMENT

APR 24 2015

R. HUNT

10. E-mail Address: **afunding@sbglobal.net**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:



SANDRA CASTRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2015

Date

365 731-6594

Daytime Phone

CLH