

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F03000003225

1. Corporation Name

**Kennedy Funding, Inc.**

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

930 Sylvan Avenue

Suite, Apt. #, etc.

Suite 110

City & State

Englewood Cliffs, New Jersey

Zip

07632

Country

USA

3. Mailing Office Address

930 Sylvan Avenue

Suite, Apt. #, etc.

Suite 110

City & State

Englewood Cliffs NJ

Zip

07632

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/27/2003

5. FEI Number

22-2862077

X Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joseph Wolfer

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

2333 Gulf of Mexico Drive

Suite, Apt. #, Etc.

Apartment 1A1

City

Longboat Key

State

FL

Zip Code

34228

W13-48011

300251138843  
08/27/13--01026--010 \*\*785.00

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

Joseph Wolfer

Date 8/20/13

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	Kevin Wolfer	930 Sylvan Avenue Suite 110	Englewood Cliffs, NJ 07632
V	Gregg Wolfer	930 Sylvan Avenue Suite 110	Englewood Cliffs, NJ 07632
			S. HAWKES
			5
			EXAMINER

**REINSTATEMENT**

10. E-mail Address: dawn@kennedyfunding.com

(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:

Kevin Wolfer

Kevin Wolfer Pres. 8/20/13

201-342-8500

Date

Daytime Phone #