

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 APR 4 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F64228

**1. Corporation Name**  
INVESTMENT FUNDING CORP.

**2. Principal Office Address**  
10920 SW 62ND AVE.

**3. Mailing Office Address**  
10920 SW 62ND AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
MIAMI FL

**City & State**  
MIAMI FL

**Zip** 33156 **Country** USA

**Zip** 33156 **Country** USA

**4. Date Incorporated or Qualified To Do Business in Florida** 01/20/1982

**5. FEI Number** 650030400 **Applied For** Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT** 89-05

**7. Name and Address of Current Registered Agent**

**Name**  
HARVEY BURTON

**Street Address (P.O. Box Number is Not Acceptable)**  
10920 SW 62ND AVE.

400050751444  
04/14/05--01014--023 \*\*2891.50

Suite, Apt. #, Etc.

**City**  
MIAMI

**State** FL **Zip Code** 33156

**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** 03-31-2005

**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
PSTD	HARVEY BURTON	10920 SW 62ND AVE.	MIAMI FL 33156

**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 under section 119.07(3)(i), 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:** HARVEY BURTON **03/31/2005** **305 445-7096**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E01 (07/05)

4/11/05