

# F95 0000 54 73

155 Federal Street, Suite 1201  
Boston, Massachusetts 02110

telephone 617 482 0284  
teletax 617 482 3424

Richard P. Branson

November 1, 1995

Florida Department of State  
Corporation Division  
409 E. Gaines Street  
Tallahassee, FL 32399

RECEIVED  
NOV 1 1995  
FALLS CHURCH, VA

Re: Nightwing Funding Corporation

1095-71328

Dear Sir/Madam:

Enclosed please find an Application by Foreign Corporation for Authorization to Transact Business in Florida for filing, along with a check in the amount of \$122.50 for filing fees. I have enclosed the original Certificate of Existence from the State of Delaware.

Kindly date stamp the copy of the application and forward back to this office in the enclosed self addressed stamped envelope.

Please do not hesitate to contact me if you have any questions regarding the enclosed.

Thank you.

Very truly yours,

*Richard P. Branson*  
Richard P. Branson

RPB/ejc

enclosures

200/R  
RECEIVED  
NOV 1 1995  
FALLS CHURCH, VA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

1. Nightwing Funding Corporation  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or  
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person  
or partnership if not so contained in the name at present.)

2. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 17, 1995 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. November 1, 1995  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 607.1503, F.S.))

7. 8929 Crichton Court  
Orlando, FL 32819  
(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized  
under the General Corporation Law of Florida.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent

Name: Phillip Cohen

Office Address: 8929 Crichton Court

Orlando, Florida, 32819

(Zip Code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated  
corporation at the place designated in this application, I hereby accept the appointment as  
registered agent and agree to act in this capacity. I further agree to comply with the provisions  
of all statutes relative to the proper and complete performance of my duties, and I am familiar  
with and accept the obligations of my position as registered agent.*

\_\_\_\_\_  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to  
delivery of this application to the Department of State, by the Secretary of State or other official  
having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED  
SECRETARY OF STATE  
05 OCT - 95  
AM 11:17

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Philip Cohen

Address: 8929 Crichton Court

Orlando, FL 32819

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President Philip Cohen

Address: 829 Crichton Court

Orlando, FL 32819

Vice President \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Philip Cohen

Address: 8929 Crichton Court

Orlando, FL 32819

Treasurer: Philip Cohen

Address: 8929 Crichton Court

Orlando, FL 32819

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

Philip Cohen, President

(Typed or printed name and capacity of person signing application)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 NOV -8 AM 11:17

State of Delaware  
Office of the Secretary of State

TO THE HONORABLE THE SENATE  
AND THE HONORABLE THE HOUSE OF DELEGATES  
OF THE STATE OF DELAWARE  
I HEREBY CERTIFY THAT THE  
FOLLOWING IS A TRUE AND CORRECT  
COPY OF THE ACTS AND RESOLUTIONS  
PASSED BY THE GENERAL ASSEMBLY  
OF THE STATE OF DELAWARE  
AT ITS ANNUAL SESSION  
HOLDING AT DOVER, DELAWARE,  
ON THE 11TH DAY OF DECEMBER, 1963.

FILED  
SECRETARY OF STATE  
93 NOV -9 AM 11:17



*Edward J. Baul*

Edward J. Baul, Secretary of State

100 North Market Street  
Dover, Delaware 19901

(10)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 NOV -7 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000005473**

1. Corporation Name

**NIGHTWING FUNDING CORPORATION**

Principal Place of Business

Mailing Address

**1000 Universal Studio Plaza  
Building 22, Suite 202  
Orlando, FL 32819**

**Same**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**1000 Universal Studio Plaza**

3. New Mailing Address, If Applicable

**Same**

Suite, Apt. #, etc.

**Building 22, Suite 202**

Suite, Apt. #, etc.

City & State

**Orlando, FL**

City & State

Zip

**32819**

Country  
**Orange**

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/08/95**

5. FEI Number

**13-3422639**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DPST	Philip M. Cohen	1000 Universal Studio Plaza Building 22, Suite 202	Orlando, FL 32819

**100002003991--2**

**-11/14/96--01009--021**

**\*\*\*\*383.75 \*\*\*\*383.75**

**JD11-8-96**

8. Name and Address of Current Registered Agent

**Philip Cohen  
8929 Crichton Ct.  
Orlando, FL 32819**

9. Name and Address of New Registered Agent

Name

**Philip Cohen**

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

**1000 Universal Studio Plaza**

Suite, Apt. #, Etc.

**Building 22, Suite 202**

City

**Orlando**

State

**F**

Zip Code

**32819**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **10/28/96**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

*[Signature]*

**Philip M. Cohen, President 10/28/96 (407) 363-7773**

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

## **PEERLESS CONSULTANTS, INC.**

November 5, 1996

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

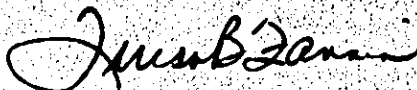
Re: Nightwing Funding Corporation

Dear Sir or Madam:

On behalf of my client, I am enclosing an originally executed Application for Reinstatement along with a check in the amount of \$383.75 to cover the reinstatement fees and a certificate of status. Please return the certificate of status to my attention at the address listed below.

If you have any questions, please give me a call.

Sincerely,



Teresa B. Fannin  
Vice President

Encls.

VIA UPS 2ND DAY AIR

**F9500005473**

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

May 15, 1997

NIGHTWING FUNDING CORPORATION  
1000 UNIVERSAL STUDIO PLAZA  
BUILDING 22, SUITE 202  
ORLANDO, FL 32819

SUBJECT: NIGHTWING FUNDING CORPORATION  
Ref. Number: F95000005473

Debit Memo #: 7797-MM

This is to inform you that check #1015 in the amount of \$173.75 submitted with the annual report for NIGHTWING FUNDING CORPORATION has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$188.75 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after July 15, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (904) 487-6057.

Pat Bailey  
Accountant I

Letter Number: 497A00026191



#### CERTIFICATE OF REVOCATION

The requirements of section 607.1531 or 617.1531, Florida Statutes, requiring 60 days notice of our proposed revocation of the certificate of authority of a foreign corporation authorized to transact business in Florida, have been met for NIGHTWING FUNDING CORPORATION, a Delaware corporation. The certificate of authority of this corporation is hereby revoked as of August 8, 1997 for failure to file the required annual report(s), as required by law.

9500005473

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capitol, this the  
Eighth day of August, 1997



CR2EO22 (2-95)

*Sandra B. Morham*

Sandra B. Morham  
Secretary of State