

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
04 OCT 28 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002536

1. Corporation Name

Capital Funding Group Corp.

Capital Funding Corporation

2. Principal Office Address 2300 W. Sample Road Suite, Apt. #, etc. Suite No.300 City & State Pompano Beach, FL Zip 33073		Country USA		3. Mailing Office Address 3146 NW 68 Street Suite, Apt. #, etc. Suite No.1 City & State Fort Lauderdale, Florida Zip 33309-1206		Country USA	
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REINSTATEMENT 04

4. Date Incorporated or Qualified To Do Business in Florida 5/21/1996	
5. FEI Number 93-1194128	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Ron Sheffron	
Street Address (P.O. Box Number is Not Acceptable) 2300 Sample Road	
Suite, Apt. #, Etc. Suite No. 300	
City Pompano Beach	State / Zip Code FL 33073

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **10/24/2004**

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/CEO/Dir	Sheffron, Ron	2300 Sample Road, Suite No.300	Pompano Beach, Florida 33073
Ex-offic/BA	Clifton H. Rodriguez, CPA	3146 NW 68 Street, Suite No.1	Ft. Lauderdale, Florida 33309-1206

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11/02/04--01074--001 **750.00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ron Sheffron

10/24/2004
Date

(954)970-9800
Daytime Phone #