

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB -4 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-03

DOCUMENT # **F9600002536**
Corporation Name: **CAPITAL FUNDING GROUP CORP.**

2. Principal Office Address 2300 W. Sample Rd		3. Mailing Office Address SAME	
Suite, Apt. #, etc. 300		Suite, Apt. #, etc.	
City & State Pompano Beach		City & State	
Zip 33073	Country BROWARD	Zip	Country

4. Date incorporated or Qualified To Do Business in Florida 5/21/96	Applied For
5. FEI Number 931194128	Not Applicable
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 W SAMPLE ROAD
Suite, Apt. #, Etc. 308
City POMPANO BEACH
State FL
Zip Code 33073

500011786935
02/04/03-01871-011 **301.00

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: **1/29/03**

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
PRES.	RON SHEFFRON	2300 W. Sample Road	POMPANO BEACH FL 33073

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: **RON SHEFFRON** Date: **1/29/03** Daytime Phone #: **954-970-9800**

CR2E081 (10/02)

2/16/03

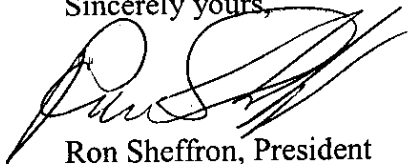
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement Application

We moved to our new corporate address in 2002. We did not receive any notices to report and pay for annual corporate fees since we relocated. We spoke to an employee in your office who suggested we send this letter along with a check for \$300.00 to reinstate our corporation to active status.

Thank you for your consideration.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Ron Sheffron", written over a horizontal line.

Ron Sheffron, President

Capital Funding Group Corp.
2300 W. Sample Road, Suite 308
Pompano Beach, Fl 33073
954-935-3105