

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

00 DEC 27 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700003524057--4  
-01/04/01--01108--003  
\*\*\*\*750.00 \*\*\*\*750.00

DOCUMENT # **FA99000004575**

1. Corporation Name

IDT FUNDING CORPORATION

2. Principal Office Address

1515 S. Federal Hwy.

Suite, Apt. #, etc.

210

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

Sept. 3, 1999

5. FEI Number

65-1058795

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

David J. Feingold

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

3300 PGA Blvd.

Suite, Apt. #, Etc.

410

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

Date 12/24/00

REGISTERED AGENT MUST SIGN

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
D	Darren Silverman	1515 S. Federal Hwy. Suite 210	Boca Raton, FL 33432
D	Sean Zausner	1515 S. Federal Hwy. Suite 210	Boca Raton, FL 33432
D	Matthew Brenner	1515 S. Federal Hwy. Suite 210	Boca Raton, FL 33432

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darren Silverman

Date

12/20/00

Daytime Phone #

561-416-8338

CR2E081 (9/99)