

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV 10 AM 10:29

DOCUMENT # H 92963

1. Corporation Name

L.T. Funding Co.

2. Principal Office Address - No P.O. Box #

3121 Commodore Plaza

3. Mailing Office Address

P.O.Box 807

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33133

Country

U.S.A.

Zip

33133

Country

U.S.A.

4. Date Incorporated or Qualified

To Do Business in Florida **12/27/1985**

5. FEI Number

☐ 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

Louis L. LaFontisee, Jr.

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

3121 Commodore Plaza

Suite, Apt. #, Etc.

301

City

Miami

State

FL

Zip Code

33133

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

Louis L. LaFontisee, Jr.

REGISTERED AGENT MUST SIGN

Date **11-8-2010**

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
DP	Harold E. Kendall, Jr.	1638 So. Bayshore Ct.	Miami, FL 33133
		# 501	

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Louis L. LaFontisee, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-5-10 (305) 342-2511