

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim With
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000021131

Name and Mailing Address

02 NOV -8 AM 11:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

0010049 01 FP 0.352 **PRSRT H6 0 0615 33480-501245



WOODBIDGE FUNDING, LLC
145 WOODBRIDGE ROAD
PALM BEACH FL 33480-5012



11/8 2002

2. New Mailing Address

230 PARK AVE. STE 464

City, State, Zip

New York NY 10169-0465

Principal Place of Business

145 WOODBRIDGE ROAD
PALM BEACH FL 33480

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/06/2001

6. FEI Number

65-1158014

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

SHAPIRO, ROBERT
145 WOODBRIDGE ROAD
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

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

000008895680

City

11/08/02-01117--00 FL **1600dd0

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/5/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	STOVER INDUSTRIES OF WEST PALM BEACH IN	230 PARK AVE. SUITE 484	NEW YORK NY 10168

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

Date

11/5/02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager ROBERT SHAPIRO PRES. OF STOVER INDUSTRIES OF WEST PALM BEACH