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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -7 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000002366

Name and Mailing Address

0003426 01 AT 0.292 **AUTO T5 0 0615 32803-470900



CASTLE FUNDING, LLC
1400 HILLCREST STREET
ORLANDO FL 32803-4709



2003

2. New Mailing Address 1400 Hillcrest Street		4. State/Country of Formation FL	
City, State, Zip Orlando, FL 32803		5. Date Organized or Qualified To Do Business in Florida 01/24/2002	
Principal Place of Business 1400 HILLCREST STREET ORLANDO FL 32308	3. New Principal Place of Business Address Same	6. FEI Number 030379557	Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E034 (7/03)

8. Name and Address of Current Registered Agent PHAN, XUAN 1400 HILLCREST STREET ORLANDO FL 32803		9. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 **Xphan** **SIGNATURE REQUIRED** Date **10/17/03**
REGISTERED AGENT MUST SIGN

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	Xuan Phan	425 Buchanan Avenue	Cape Canaveral, FL 32920
MGRM	Timothy Viner	109 Long Leaf Lane	Altamonte Springs, FL 32714
			100024184491 10/28/03--01007--017 **150.00
			REINSTATEMENT 2003
			QR

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 **Xphan** **SIGNATURE REQUIRED** Date **10/17/03** Daytime Phone # **407-228-4148**

Typed or printed name of signing Managing Member/Manager **Xuan Phan**