

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 21 AM 11:49

**DOCUMENT #**

L0200003109

1. Limited Liability Company's Name  
PSK Funding, LLC

2. Principal Office Address  
3700 34th Street

3. Mailing Office Address  
3700 34th Street

Suite, Apt. #, etc.  
Suite 120

Suite, Apt. #, etc.  
Suite 120

City & State  
Orlando, FL

City & State  
Orlando, FL

Zip Country  
32805 USA

Zip Country  
32805 USA

4. State/Country of Formation  
Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida 5/29/02

6. FEI Number 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**

Name  
Steven Woodell

Street Address (P.O. Box Number is Not Acceptable)  
3700 34th Street

Suite, Apt. #, Etc.  
Suite 120

City  
Orlando

State Zip Code  
FL 32805

9. 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

3/3/05

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	C. Randy Lance	3700 34th Street Suite 120	Orlando, FL 32805

100049336761  
03/29/05--01009--008 \*\*250.00

11. 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

*[Signature]*

Date

3/3/05

Daytime Phone #

407-650-8205

Typed or printed name of signing Managing Member/Manager C. Randy Lance

CR2E041 (10/02)