

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

00 APR 10 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L7199S**

1. Corporation Name

*Associated Funding Corp.*

2. Principal Office Address

*14811 69<sup>th</sup> ST. N.*

Suite, Apt. #, etc.

*Palm Beach Gardens*

City & State

*FL*

Zip

*33418*

Country

*USA*

3. Mailing Office Address

*P.O. Box 21037*

Suite, Apt. #, etc.

City & State

*Raleigh, NC*

Zip

*27619*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*4/3/1990*

5. FEI Number

*65-0198827*

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

*Linda Duclos*

000003215080-7

-04/13/00-01093-007

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

*14811 69<sup>th</sup> Street N.*

\*\*\*\*300.00

\*\*\*\*300.00

Suite, Apt. #, Etc.

City

*Palm Beach Gardens*

State

*FL*

Zip Code

*33418*

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

*Linda Duclos*

Date

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
<i>P.</i>	<i>Linda Duclos</i>	<i>14811 69<sup>th</sup> St. N.</i>	<i>Palm Beach Gardens, FL 33418</i>

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:

*Linda Duclos* **LINDA DUCLOS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/6/00*

Date

*919-834-0417*

Daytime Phone #

CR2E081 (9/99)

Bg. 2 of 2

Associated Funding Corp.  
PO Box 21037  
Raleigh, NC 27619

April 5, 2000

Florida Dept. Of State  
Katherine Harris  
Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

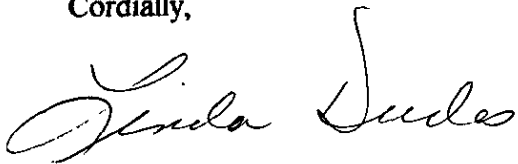
ATTN: Tyrone Scott

Dear Mr. Scott,

I did not receive a notice to file the corporation annual report for 1999 and am requesting that the late fee be waived. I have enclosed a check for \$300 to reinstate the corporation.

Thank you.

Cordially,



Linda Duclos, Pres.  
Associated Funding Corp.

KE