

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99633

1. Corporation Name

Eye Tax Funding, Inc.

2. Principal Office Address

1305 Little Harbor Ln

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32963

Country

Indian River

3. Mailing Office Address

1305 Little Harbor Ln

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32963

Country

Indian River

REINSTATEMENT

CR2E081 (12/05)

00-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/11/1990

5. FEI Number

650318529

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

Mark P. Wygonik

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

542 9th Place

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32960

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

Mark P. Wygonik
REGISTERED AGENT MUST SIGN

Date 7/14/06

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	Virginia M. Knapp	1305 Little Harbor Ln	Vero Beach, FL 32963
D	Mark P. Wygonik	542 9th Place	Vero Beach, FL 32960

100078213991
08/01/06--01028--021 **1650.00

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 contained in Chapter 119, 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: *Mark P. Wygonik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark P. Wygonik

7/14/06

Date

772 559-1203

Daytime Phone #