

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 JUL 11 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *m84394*

1. Corporation Name

Atlantic Funding, Inc

2. Principal Office Address

325 San Salvador Dr

Suite, Apt. #, etc.

City & State

Dunedin

Zip

34698

Country

Pinellas

3. Mailing Office Address

325 San Salvador Dr

Suite, Apt. #, etc.

City & State

Dunedin

Zip

34698

Country

Pinellas

4. Date Incorporated or Qualified  
To Do Business in Florida

June 8, 1988

5. FEI Number

59-2895905

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

Regina Brown

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

323 San Salvador Dr

Suite, Apt. #, Etc.

City

Dunedin

State  
FL

Zip Code

34698

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

*Regina Brown*

REGISTERED AGENT MUST SIGN

Date

7-9-02

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
Pres	Regina Brown	323 San Salvador Dr	Dunedin, FL 34698
V Pres	Rex Brown	323 San Salvador Dr	Dunedin, FL 34698
Sec	Regina Brown	323 San Salvador Dr	Dunedin, FL 34698

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:

*Regina Brown*

Regina Brown

6-26-02

727-738-1404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)