

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 15 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000001252

1. Corporation Name

Funkshion Project corp

REINSTATEMENT 06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

900 16th Street # 210

3. Mailing Office Address

900 16th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210

City & State

MIAMI BEACH FL

City & State

FL MIAMI BEACH

Zip

33139

Country

MIAMI DDOE

Zip

33139

Country

MIAMI DDOE

4. Date Incorporated or Qualified
To Do Business in Florida

2/18/05

5. FEI Number

510535848

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

Aleksandar Stojanovic

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

900 16th St

Suite, Apt. #, Etc.

210

City

MIAMI BEACH

State

FL

Zip Code

33139

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/12/07

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
D	Stojanovic, Aleksandar	900 16 th St. Suite 210	Miami Beach, FL 33139
			90095815309 04/04/07 01047 000 **237.50
			20
			RECEIVED
			3/13

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/12/07

Daytime Phone #