PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 25 PM 2:01

DOCUMENT # P00000007337

REINSTATEMENT 02-03

000021131320
06/25/03--01024--017 **408.75

1. Corporation Name
Funding Corp

2. Principal Office Address	3. Mailing Office Address
8209 NW 68 St	8209 NW 68 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33169 / Country: USA	Zip: 33169 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01-24-2.000

5. FEI Number: 65099099 ☐ Applied For ☐ Not Applicable

6. ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: German Saffon

Street Address (P.O. Box Number is Not Acceptable): 8209 NW 68 St

Suite, Apt. #, Etc.:

City: Miami, State: FL Zip Code: 33169

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 _____ Date 06-19-2.003
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	German Saffon	8209 NW 68 St	Miami, Fl, 33169

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: _____ 19-06-2003 754-235-6877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #