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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000027171			
1. Corporation Name EZ Funding 123.com			
2. Principal Office Address 3623 West Kennedy Blvd Suite, Apt. #, etc.		3. Mailing Office Address 3433 Lathia Pinecrest RD Suite 329	
City & State Tampa, FL		City & State Valrico, FL	
Zip 33609	Country USA	Zip 33594	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 3/16/00		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Jeremy B. Newman			
Street Address (P.O. Box Number is Not Acceptable) 3623 West Kennedy Blvd.			
Suite, Apt. #, Etc.			
City Tampa		State FL	Zip Code 33609
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 Jeremy B. Newman		Date 6-30-05	
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
P/C	Jeremy B. Newman	3623 West Kennedy Blvd	Tampa, FL 33609
C	Angelica M. Anderson	3623 West Kennedy Blvd.	Tampa, FL 33609
C	Judy L. Plaag	3623 West Kennedy Blvd	Tampa, FL 33609
C	Greg W Anderson	3623 West Kennedy Blvd	Tampa, FL 33609
07/14/05 01003 001 \$8.75 300057434783 07/14/05 01003 001 \$8.75			
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: Jeremy B. Newman		Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 6-30-05 Daytime Phone # 836615109

REINSTATEMENT 01-05

CR2E081 (01/05)

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June, 30th 2005

To Whom It May Concern:

I am submitting this letter requesting a waiver of fees for years of DISSOLUTION.

EZ Funding 123.com never received a notification from the Dept of State.

Thank you,

Jeremy B. Newman, President

• EZ Funding 123.com

• 813-662-1885