

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 AUG 20 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000104867

1. Corporation Name

AVENTURA FUNDING CORP.

2. Principal Office Address

17027 W/DIXIE HWY

Suite, Apt. #, etc.

#-117-

City & State

AVENTURA, FL

Zip

33160

Country

USA

3. Mailing Office Address

17027 W/DIXIE HWY

Suite, Apt. #, etc.

#117

City & State

AVENTURA, FL

Zip

33160

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

Nov-7-2000

5. FEI Number

65-1053208

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

Peter H. Gustafson

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

17027 W/DIXIE HIGHWAY

Suite, Apt. #, Etc.

#117

City

AVENTURA

600007295866--7

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\*\*\*908.75 \*\*\*908.75

State

FL

Zip Code

33180

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

8-16-2002

CR2E081 (9/01)

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
PT/S D	Peter H. Gustafson	20381 NE 30 AVE #316	AVENTURA, FL 33180

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:

*[Signature]* Peter Gustafson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-16-2002

Daytime Phone #

8/16/02