

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV 18 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000004079

1. Corporation Name

CASH COW FUNDING, INC.

Principal Place of Business

Mailing Address

~~461 NW 87TH TERR. STE 104~~  
~~PLANTATION FL 33324~~

~~461 NW 87TH TERR. STE 104~~  
~~PLANTATION FL 33324~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/09/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8930 ST. ROAD 84 #162

8930 ST. ROAD 84 #162

City & State

City & State

DAVIE, FLORIDA

DAVIE, FLORIDA

Zip

Country

33324

USA

Zip

Country

33324

USA

5. FEI Number

65-1083127

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	<del>GARITY, ROBERT A.</del>	<del>461 NW 87TH TERR. STE 104</del>	<del>PLANTATION FL 33324</del>
D	GARITY, ROBERT A.	1088 CAMDEN CT.	GLENDALE HEIGHTS, IL. 60139

400009051544  
11/18/02--01081--024 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOFFEN, JOHN

461 NW 87TH TERR. STE 104

PLANTATION FL 33324

Name

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

951 SEABROOK AVE

Suite, Apt. #, Etc.

City

DAVIE

State  
FL

Zip Code  
33325

CR2E040 (9/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/1/02

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-02

630-690-4365