

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000033230

1. Corporation Name

Diversified Funding, Inc.

2. Principal Office Address

49 S.W. Flagler Av

Suite, Apt. #, etc.

suite 2b

City & State

Stuart Florida

Zip

34994

Country

Martin

3. Mailing Office Address

49 S.W. Flagler Av

Suite, Apt. #, etc.

Suite 2b

City & State

Stuart Florida

Zip

34994

Country

Martin

03 DEC -8 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000025388580

12/10/03--01042--002 **150.00

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Kari S. Lydon

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

167 S. Sewalls Point Rd

Suite, Apt. #, Etc.

Stuart,

City

Stuart

State

FL

Zip Code

34996

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 12/5/03

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
President	Kari S. Lydon	167 S. Sewalls Pt Rd Stuart FL 34996	STUART FL 34996

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] Kari S. Lydon President

Date

12/5/03

Daytime Phone #

(772) 463-0999

CR2081 (10/02)

DIVERSIFIED FUNDING, INC.

49 SW Flagler Ave., Suite 2B
Stuart, Florida 34994
(772) 463-0999
(772) 463-0606 Fax

December 5, 2003

DIVISION OF CORPORATIONS
409 EAST GAIN STREET
TALLAHASSEE, FL 32399

TO WHOM IT CONCERNS,

ENCLOSED PLEASE FIND A CHECK FOR \$150.00 AND OUR CORPORATE FILINGS.
AS PER JOHN LYDONS CONVERSATION WITH TINA ROBERTS, WE ARE
REQUESTING THE FEE FOR REINSTATEMENT TO BE WAIVED SINCE THE FILING
FORMS WERE NEVER RECEIVED BY OUR OFFICE . I FURTHER REQUEST THAT ALL
MAILINGS BE SENT TO THE ABOVE ADDRESS. IF YOU SHOULD REQUIRE ANY
ADDITIONAL INFORMATION PLEASE CONTACT ME. THANKING YOU IN ADVANCE.

SINCERELY,


KARI LYDON
President

