

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000081199

1. Corporation Name

FUNKYTOWNMALL.COM, INC

2. Principal Office Address

1408 N KILLIAN DRIVE

Suite, Apt. #, etc.

204

City & State

LAKE PARK, FL

Zip

33403

Country

USA

3. Mailing Office Address

1408 N KILLIAN DRIVE

Suite, Apt. #, etc.

204

City & State

LAKE PARK, FL

Zip

33403

Country

USA

REINSTATEMENT

02-04

4. Date Incorporated or Qualified

To Do Business in Florida 08/17/2001

5. FEI Number

65-1136928

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

GUSTAVO A. MITCHELL

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

6 TOURNAMENT BLVD

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33403

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

REGISTERED AGENT MUST SIGN

Date

04/28/04

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
PS	GUSTAVO A. MITCHELL	6 TOURNAMENT BLVD	PALM BCH GARDENS, FL 33403

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/28/04

Daytime Phone #

561-308-8970

CR2E081 (01/04)

Funkytownmall.com, Inc.
1408 N Killian Drive
Suite 204
Lake Park, FL 33403

April 28, 2004

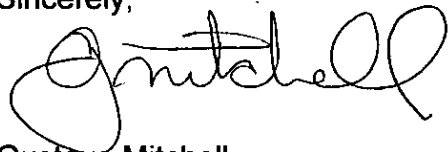
RE: P01000081199

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is concerning my inactive status due to lack of Uniform Business Report filing. I have not received a Uniform Business Report since my initial filing in 2001. I believe this is due to the fact that the address you have on file is my ex-wife's address. We were divorced in 2002 and since then I have had many troubles in receiving my correspondence and other important documents. Please find enclosed a check for \$458.75 which would bring me up-to-date with my filings and provide me with a certificate of status. Also included is my reinstatement form. Should you need any further information, please do not hesitate to contact me at the above address or by phone at (561) 308-8970. I hope you will be able to help me with this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Gustavo Mitchell". The signature is fluid and cursive, with the first name "Gustavo" being more prominent and the last name "Mitchell" following in a similar style.

Gustavo Mitchell
President