PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 22 AM 8:00

DOCUMENT # P02000012794

REINSTATEMENT 03-04 MRD

800033564438
04/22/04--01051--022 **900.00

1. Corporation Name
PERPETUAL FUNDING, INC.

2. Principal Office Address	3. Mailing Office Address
8181 W. BROWARD BLVD.	8181 W. BROWARD BLVD.
Suite, Apt. #, etc. SUITE 350	Suite, Apt. #, etc. SUITE 350
City & State PLANTATION, FL	City & State PLANTATION, FL
Zip 33324 Country USA	Zip 33324 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 2/4/02

5. FEI Number 33-0997393 ☐ 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: ALAN B. BRASS
Street Address (P.O. Box Number is Not Acceptable): 8181 W. BROWARD BLVD.
Suite, Apt. #, Etc.: SUITE 350
City: PLANTATION State: FL Zip Code: 33324

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: Alan B. Brass Date: 4/20/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P.D.	BOGDAN BALOSAN	2811 LYONS RD.	COCONUT CREEK, FL 33063

10. I certify that I am an officer or director of 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: BOGDAN BALOSAN 04/20/04 954-474-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #