

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

05 JUL 29 AM 11:21

DOCUMENT # P02000052506

1. Corporation Name

Federation Funding Corp.

REINSTATEMENT 03-05

300058045513
07/29/05--01051--001 **1050.00

2. Principal Office Address

1210 N. Pine Hlth Rd

Suite, Apt. #, etc.

3. Mailing Office Address

10417 Gamble Dr

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip 32808

Country ORANGE USA

Zip 32818

Country USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/13/2002

5. FEI Number

75-3055871

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

DAVE B. HOWELL

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

10417 Gamble Dr

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32818

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

DAVE B. HOWELL

Date

7/27/05

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>DAVE B. HOWELL</u>	<u>10417 GAMBLE DR</u>	<u>Orlando, FL 32818</u>

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:

DAVE B. HOWELL

DAVE B. HOWELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/05

Date

407-963-1688

Daytime Phone #

CR2E081 (01/05)