CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 PH 3: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Key West Funding, Corp.
Document Number P02000057614

REINSTATEMENT 2003

2. Principal Office Address
302 Southard Street

3. Mailing Office Address
302 Southard Street

Suite, Apt. #, etc.
106

Suite, Apt. #, etc.
106

4. Date Incorporated or Qualified To Do Business in Florida   05/23/02

City & State
Key West, Florida

City & State
Key West, Florida

5. FEI Number
113650590

| Applied For |
| Not Applicable |

| Zip | Country | Zip | Country |
| 33040 | USA | 33040 | USA |

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name   Gloria Morrison

0000250046370
11/25/03--01053--007 **

Street Address (P.O. Box Number is Not Acceptable)   2208 Cypress Trace Circle

Suite, Apt. #, Etc.

City   Orlando

| State | Zip Code |
| FL | 32825 |

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 _____   Date 11-21-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Angelo Morrison	302 Southard Street, #106	Key West, FL 33040

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: _____   11/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #