

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000066680

1. Corporation Name

HITECH FUNDING CORP.(FL)

Principal Place of Business

Mailing Address

3325 HOLLYWOOD BLVD., SUITE 205
HOLLYWOOD FL 330213325 HOLLYWOOD BLVD., SUITE 205
HOLLYWOOD FL 33021

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business In Florida

06/17/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 3

5. FEI Number

Applied For

Not Applicable

City & State

City & State
GARDEN CITY PARK, NY

Zip

Country

Zip
11040Country
U.S.A.6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BARTOLOTTA, MICHAEL	7700 NW 23RD ST.	PEMBROKE PINES FL 33024
			900024336559 10/31/03--01078--005 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
7700 NW 23RD ST.
PEMBROKE PINES FL 33024

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/17/03

Marc Moel Asst Secy

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Bartolotta

Date

Daytime Phone #



151 Herricks Road • Suite 3 • Garden City Park, NY 11040
1-877-271-6900 • Tel: (516) 741-1100 • Fax: (516) 741-8881

October 30, 2003

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

I am aware that the Florida Department of State has sent Hi- Tech Funding Corp. (Fl.) a Notice of Administrative Dissolution or Revocation.

It has been brought to my attention that the previous two uniform business report (UBR) notices were not received by our office.

Enclosed in this envelope are the completed application for reinstatement and the UBR fees which include Reinstatement, Annual Report and Corporate Supplement fees.

If it is permissible, may you please reimburse the corporation with the reinstatement fee. Thank you very much for your time and cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Salvatore Trapani", written over a horizontal line.

Salvatore Trapani
Enclosure

Corporate Office

Branch Offices

2 W. Front Street • Media, PA 19063 • Tel: (610) 566-5650 • Fax: (610) 566-5659
3325 Hollywood Blvd., Suite 205 • Hollywood, FL 33021 • Tel: (954) 322-8922 • Fax: (954) 322-8977