

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000094925	
1. Entity Name SHELINA FUNDING, INC.	



FILED
05 MAR 22 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1133 S. UNIVERSITY DR., STE. 202 PLANTATION, FL 33324	Mailing Address 1133 S. UNIVERSITY DR., STE. 202 PLANTATION, FL 33324
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2. Principal Place of Business 215 S.W. 125 th Ave.	3. Mailing Address 215 S.W. 125 th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Plantation, FL	City & State Plantation, FL
Zip 33325	Country USA



REINSTATEMENT 03112005 REIN-P GR2ED98 (6/04) 04-05

4. FEI Number 51-0423198	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GLICKMAN, GARRY M 1601 FORUM PLACE, STE. 1101 WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	DATE
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FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLGIN, JACQUELINE 1133 S. UNIVERSITY DR., STE. 202 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wolgin, Jacqueline 215 S.W. 125 th Ave. Plantation, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLICK, RACHELLE W 1133 S. UNIVERSITY DR., STE. 202 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Blick, Rachelle W. 215 S.W. 125 th Ave. Plantation, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHOK, LINA J 1133 S. UNIVERSITY DR., STE. 202 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kahok Ling J. 215 S.W. 125 th Ave. Plantation, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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04/04/05--01003--016 **908.75

19/3/24

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Lina J. Kahok</i>	03-15-05 954-472-3455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #