

112

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
03 NOV 26 PM 3:39

DOCUMENT # P02000096817

1. Corporation Name

American Eagle Funding, Inc.

2. Principal Office Address

753 SE PSL Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Port Saint Lucie, FL

Zip

34984

Country

US

City & State

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

9/4/02

5. FEI Number

03-0482227

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

Charles E. Tedder

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

753 SE PSL Blvd.

Suite, Apt. #, Etc.

600025074696

11/25/03--01059--016 **150 00

City

Port Saint Lucie

State

FL

Zip Code

34984

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

[Signature]

Date 11/25/03

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>D</u>	<u>Charles E. Tedder</u>	<u>753 SE PSL Blvd.</u>	<u>Port Saint Lucie, FL 34984</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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/03 772-528-3385
Date Daytime Phone #

CR2E081 (10/02)

12/3/02

2/2



American Eagle Funding, Inc.

*"Helping finance the **AMERICAN** dream"*

Tuesday, November 25, 2003

Division of Corporations
Department of State
409 East Gaines Street
Tallahassee, FL 32399

Dear Division of Corporations:

RE: It was called to my attention that the ZIP code may be wrong in your files.

American Eagle Funding, Inc..
753 SE P.S.L. Blvd.
Port Saint Lucie FL, 34984

Per Ruby's instructions, in your department, I am forwarding this letter to you. We did not receive any information from the State for filing the end of year report. Please check your address and zip code to insure the correct address for the company. Also please waive the extraneous fees as we, as previously mentioned, did not receive the forms.

I appreciated your timely attention to this matter in advance, as it is effecting a clients loan at this time. If you could clear it up on your web site as soon as possible it would be greatly appreciated. If you have any questions, please call me collect at 772-528-3385, I am at your convenience.

Cordially yours,

Charles E. Tedder
Principle Broker