

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02600100231

1. Corporation Name

Lue Funding Incorporated
12832 Wintrop Cove Drive
Jacksonville, FL 32224

2. Principal Office Address

12832 Wintrop Cove Dr.
Suite, Apt. #, etc.

City & State

Jacksonville, FL
Zip 32224 Country Duval

3. Mailing Office Address

P.O. Box 16569
Suite, Apt. #, etc.

City & State

Jacksonville, FL
Zip 32245 Country Duval

REINSTATEMENT 03

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

5. FEI Number

45-0485958

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William Houston King

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

915 N.E. 24th St.

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32601

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

William Houston King

REGISTERED AGENT MUST SIGN

Date 10-25-03

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
D/P	Andria King	12832 Wintrop Cove Drive	Jacksonville, FL 32224
VP	Adrian King	12832 Wintrop Cove Drive	Jacksonville, FL 32224
S/T	Beverly Ann King	12832 Wintrop Cove Drive	Jacksonville, FL 32224

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:

Beverly A. King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/03

Date

904-223-7220

Daytime Phone #

CR2E081 (10/02)