PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT					DEPARTMENT OF STATE Secretary of State			FILED 04 AUG 18 AM 10:34						
DOCUMENT # PUZ DOU 130 353								SEGRETANT NO STATE TALLAHASSET, PLOSIDA						
	E Ca		yonne											
2. Principal Office Address 3. Mailing Office Address 621 CAPE Cornelly 621C						_	_			une 0	t.s	(40	en 1
Suite, Apt. #, etc. Suite, Apt. #, e							7	81510	<u> </u>	X028	00)	\$ 3	O_{Λ}
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				7. N	ame and A	ddress of Curr	ent Register	ed Agent						
	7. Name and Address of Current Registered Agent Name													
	Street Address (P.O. Box Number is Not Acceptable)													
	Street Addr	ess (P.O. B 1971	S.W		fH 7									
	Suite, Apt. #, Etc.													
	City	00-	BUR	_		State	Zip Code 339/							
			7-7-											ğ
8. I, being	appointed the	registered a	igent of the abov	e named corpo	ration, am fa	amiliar with and	accept the o	bligations of section	on 607.0505	or 617.0503,	F.S.			CR2E081 (01/04)
Signature of Registered A		cel	/ie/	mte		Date	8/19	101			2E08			
			RE	GISTERED AG	ENT MUST	SIGN					7 7			5
9. Names	and Street Ad	dresses of E	ach Officer and	/or Director (Flo	rida nonprof	fit corporations	must list at le	ast 3 directors)						
Titles	s Name of Officers and/or Directors					Street Address of Each Officer and/or Director				City / State / Zip				
0						1834 S.W. SOU TEN					2		_	
TREST	IT WILLIAM KERAS					(J. W.	50U	Tora	CAR	CORA	12 .	3391	4	
														
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10. Leartifu	that Laman	officer or dire	ector or the recei	ver or truetee or	nnowered to	Avacuta this a	nnlication as	provided for in cha	inter 607.00	R17 E C f	har partific	that when	filing	
this rein	nstatement ap	plication, the	reason for diss	olution has been	eliminated,	the corporate r	name satisfies	s the requirements	of section 6	07.0401 or 61	7.0401, F.S	S., that all	fees	
			en paid and the surate, and my si					an exemption und er oath.	er section 1	19.07(3)(i), F.5	s. The infor	mation inc	ucated	
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SIGNAT	TURE:	20	Viel	<u> </u>	10			8/1	19/04	239.	-945	-03	اسجيد	
	الآ	MATURE AN	D TYPED OR PR	NTED NAME OF	SIGNING OFF	ICER OR DIREC	TOR		Date		Daytime Ph	one #		
		-	_											



August 19, 2004

To Whom It May Concern,

As stated in my previous letter, this is the first corporation I have ever owned. I never received anything in the mail or otherwise stating the fact that an annual report was necessary. I did speak with someone in your office over the phone and told her that fact and she instructed me to simply send you a check for \$300.00 for reinstatement which I did through a previous mailing. Should there be any questions please do not hesitate to call and ask as this is very important to me and my business. I can be reached at 239-945-0325.

Sincerely,

Bill Kerbs

Cape Coral Funding Inc.