


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000157347 1. Entity Name WASHINGTON FUNDING GROUP, INC.	
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FILED

05 OCT 14 PM 4: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 500 SE MIZNER BLVD APT 105A BOCA RATON, FL 33432	Mailing Address 500 SE MIZNER BLVD APT 105A BOCA RATON, FL 33432
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JK

2. Principal Place of Business 500 SE MIZNER BLVD Suite, Apt. #, etc. 105-A	3. Mailing Address Suite, Apt. #, etc.
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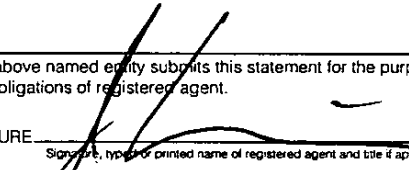
REINSTATEMENT 2005

10-10-2005 SE IN-P CR2E098 (6/04)

City & State Boca Raton	City & State	4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GLUCK, RONDA D 980 NORTH FEDERAL HWY STE 402 BOCA RATON, FL 33432	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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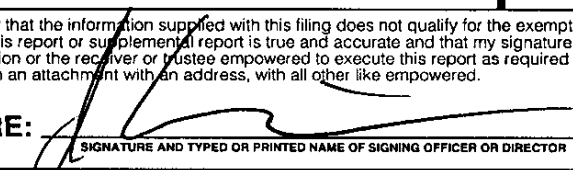
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 10-10-05

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARECCIA, ANGELO 500 SE MIZNER BLVD APT 105A BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100060627481 10/14/05--01054--024 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CARECCIA, JOSEPH 500 SE MIZNER BLVD APT 105A BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARECCIA, KATHLEEN 500 SE MIZNER BLVD APT 105A BOCA RATON, FL 33432	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
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

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:  DATE: 10-10-05 754-264-6582 DAYTIME PHONE #