

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 29 PM 12:19

KS

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03/29/10--01006--010 **450.00

REINSTATEMENT 08-10

DOCUMENT # *P05000014975*

1. Corporation Name

FUNKINGZ, INC.

2. Principal Office Address - No P.O. Box #

18455 MIRAMAR PARKWAY

Suite, Apt. #, etc.

SUITE 229

City & State

MIRAMAR FL

Zip

33029

Country

USA

3. Mailing Office Address

18455 MIRAMAR PARKWAY

Suite, Apt. #, etc.

SUITE 229

City & State

MIRAMAR FL

Zip

33029

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/2005

5. FEI Number
75-3181026

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

ROBERT JAMES

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

16406 SW 39TH STREET

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

R. James

Date **3-26-2010**

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
D	ROBERT JAMES	16406 SW 39 ST	MIRAMAR FL 33027
D	ROBERT ANDERSON	16406 SW 39 ST	MIRAMAR FL 33027
D	REGINAL BAROSY	16406 SW 39 ST	MIRAMAR FL 33027
D	VERONA JAMES	16406 SW 39 ST	MIRAMAR FL 33027
D	AMOY LEWIS	16406 SW 39 ST	MIRAMAR FL 33027

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

R. James

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-26-2010

Daytime Phone #