

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 APR 11 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000013871

1. Corporation Name

Losse Funding, Inc.

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

13391 Memorial Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

13391 Memorial Hwy

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

08-12

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1/27/2007

5. FEI Number

☒ 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

Prudence Menelas

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

13391 Memorial Hwy

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33161

400228632334
04/11/12--01035--002 **350.00

400228632334
04/11/12--01035--001 **1000.00

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

Prudence Menelas
REGISTERED AGENT MUST SIGN

Date 4/2/2012

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>P</u>	<u>Prudence Menelas</u>	<u>13391 Memorial Hwy</u>	<u>Miami, FL 33161</u>
<u>CEO</u>	<u>Mervans Losse</u>	<u>13391 Memorial Hwy</u>	<u>Miami, FL 33161</u>

REINSTATEMENT

10. E-mail Address: mobile income taxes@gmail.com
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Prudence Menelas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/2012

Daytime Phone #

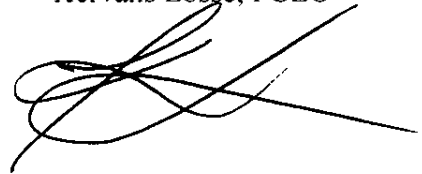
APR 11 2012

To: Florida Division Corporation

From: Losse Funding INC.

This letter is to inform the department that, I have dissolution this document #P12000001937 company. I hereby release the company name; to who so ever wants to obtain this company name.

Kervans Losse, PCEO

A handwritten signature in black ink, appearing to be 'Kervans Losse', written over a horizontal line.