2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000064880

1. Entity Name
1ST CAPITAL FUNDING, INC.

FILED
08 DEC -9 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
403 SAN SALVADOR WAY DUNEDIN, FL 34698 US	403 SAN SALVADOR WAY DUNEDIN, FL 34698 US

12052008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P O Box #	3. Mailing Address
	301 Golden Isles Dr
Suite, Apt. #, etc: 115	Suite Apt # etc
City & State: Hallandale, FL	City & State
Zip: 33009 Country: Broward	Zip: 33009 Country

4. FEI Number: 510-638-025 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, THOMAS W
403 SAN SALVADOR WAY
DUNEDIN, FL 34698

7. Name and Address of New Registered Agent

Name: Thomas W Martin
Street Address (P O Box Number is Not Acceptable): 301 Golden Isles Dr unit 115
City: Hallandale FL Zip Code: 33009

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 [signature] 12-5-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, V MARTIN, THOMAS W 403 SAN SALVADOR WAY DUNEDIN, FL 34698	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600138738016 12/09/08--01024--004 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Thomas W Martin 301 Golden Isles Dr 115 Hallandale, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 [signature] Dec 5, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #