

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

04 FEB 18 PM 12:35

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **P38171**

1. Corporation Name

WISE FUNDING CORP.

Principal Place of Business

Mailing Address

~~800 S. BROADWAY
 SUITE 119
 HICKSVILLE NY 11901~~

~~300 S. BROADWAY
 SUITE 119
 HICKSVILLE NY 11901~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
150 BROADHOLLOW RD.

3. New Mailing Office Address, If Applicable
150 BROADHOLLOW ROAD

Suite, Apt. #, etc. **SUITE 121**

Suite, Apt. #, etc. **SUITE 121**

City & State
MELVILLE NY

City & State
MELVILLE NY

Zip **11747** Country **USA**

Zip **11747** Country **USA**

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida

03/27/1992

5. FEI Number

11-2293055

Applied For /
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PP	WEINBERG, RICHARD	118 RYDER AVENUE	DIX HILLS NY 11740
VP	BORGNER, RICHARD	2069 MARINA PARK DR	SEAFORD NY 11783
			100029296011
			02/24/04--01021--007 **\$300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASEY, FRANCIS S.
 1162 BREAKERS WEST BLVD.
 WEST PALM BEACH FL 33411

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

X
 Signature of Registered Agent *Francis S. Casey*
 REGISTERED AGENT MUST SIGN

Date _____

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *Richard Borgner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/03 631 424 6900
 Date Daytime Phone #

CR2E040 (7/03)