

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P38171

1. Corporation Name

WISE FUNDING CORP.

Principal Place of Business

Mailing Address

~~800 S. BROADWAY
SUITE 119
HICKSVILLE NY 11801~~

~~800 S. BROADWAY
SUITE 119
HICKSVILLE NY 11801~~

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

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
PD	WEINBERG, RICHARD	118 RYDER AVENUE	DIX HILLS NY 11748
VP	BORNER, RICHARD	2069 MARINA PARK DR	SEAFORD NY 11783

100029296011
02/24/04--01021--007 **900.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/03

Date

631 424 6900

Daytime Phone #

CR2E040 (7/03)