2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000073077

FILED Oct 15, 2008 Secretary of State

Entity Name: FOUR CRYSTAL FUNDING, INC.						
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
375 BRIDGEPORT AVENUE SECOND FLOOR SHELTON, CT 06484 US			40 KELLOO WESTON,	GG HILL RD. CT 06883	US	
Current Mailing Address:			New Maili	New Mailing Address:		
375 BRIDGEPORT AVENUE SECOND FLOOR SHELTON, CT 06484 US		40 KELLOGG HILL RD. WESTON, CT 06883 U		US		
FEI Number:	: 59-3281593	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
TALLAHAS The above in the State	ATION SERVICES STREET SSEE, FL 3236 named entity se of Florida. RE: DOREEN	01 US submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
		ic Signature of Registered Age	ent		Date	
Election Car		3(2)(b), F.S., the corporation did no g Trust Fund Contribution(). TORS:	•		S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP () HAMMOND, CY 375 BRIDGEPO SHELTON, CT	ORT AVENUE	Title: Name: Address: City-St-Zip:	T (X EHRLICH, MIX 40 KELLOGG WESTON, CT	HILL RD.	
Title: Name: Address: City-St-Zip:	D () HAMMOND, CY 375 BRIDGEPO SHELTON, CT	ORT AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () HAMMOND, CY 375 BRIDGEPO SHELTON, CT	ORT AVENUE	Title: Name: Address: City-St-Zip:	S (X FELDMAN, DA 40 KELLOGG WESTON, CT	HILL RD.	
Title: Name: Address: City-St-Zip:	COBD () LEBOVICS, IRE 375 BRIDGEPO SHELTON, CT	ORT AVENUE	Title: Name: Address: City-St-Zip:	LEBOVICS, IF	PORT AVENUE	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	COBD (PARRELLA, N 40 KELLOGG WESTON, CT	HILL RD.	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID S. FELDMAN 10/15/2008 S