

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 DEC 12 PM 2:49

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000090344**

1. Corporation Name

**INLAND RESTORATION FUNDING, INC.**

Principal Place of Business  
 146 25 2ND STREET NORTH SUITE 200  
 ST. PETERSBURG FL 33701

Mailing Address  
 146 25 2ND STREET NORTH SUITE 200  
 ST. PETERSBURG FL 33701



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

2. New Principal Office Address, If Applicable 146 25 2ND STREET NORTH SUITE 200 ST. PETERSBURG FL 33701	3. New Mailing Office Address, If Applicable 146 25 2ND STREET NORTH SUITE 200 ST. PETERSBURG FL 33701
--	--

4. Date Incorporated or Qualified To Do Business In Florida 12/14/1994	
5. FEI Number 59-3282836	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>VO</del> VCD	WEBB, WILLIAM	1358 WAINWRIGHT WAY	FORT MYERS FL 33919
<del>PT</del> PTD	<del>CLEMMONS, F. STUART</del> CLEMMONS, F. STUART	1924 MICHIGAN AVE N.E.	ST. PETERSBURG FL 33703
			300002383903-5 -12/26/97--0115--005 ***758.75 ***758.75

**REINSTATEMENT**

12/18/97

8. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	9. Name and Address of New Registered Agent Name Spiegel & Utrera, P.A. d/b/a AmeriLawyer Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue Suite, Apt. #, Etc. City Coral Gables State FL Zip Code 33134
---	---

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.  
 Signature of Registered Agent By: *Natalia Utrera* Date: \_\_\_\_\_  
**Natalia Utrera, Vice President**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: *F. STUART CLEMMONS* 12-12-97 8138985263  
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2040 (8/97)