

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL -1 AM 11:26

DOCUMENT # P95000010725

1. Corporation Name

R.A.M. FUNDING SERVICES CORPORATION

500182833875  
07/01/10--01058--007 \*\*1050.00

KS

**REINSTATEMENT** 08-10  
CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

877 N. MIRAMAR AVE

Suite, Apt. #, etc.

#307

3. Mailing Office Address

877 N. MIRAMAR AVE

Suite, Apt. #, etc.

#307

City & State

INDIALANTIC FL

City & State

INDIALANTIC FL

Zip

32903

Country

USA

Zip

32903

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3295578

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Guy A. ERCOLANI

Street Address (P.O. Box Number is Not Acceptable)

877 N. MIRAMAR AVE

Suite, Apt. #, Etc.

#307

City

INDIALANTIC

State

FL

Zip Code

32903

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Guy A. Ercolani  
REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>D</u>	<u>Guy A. ERCOLANI</u>	<u>877 N. MIRAMAR AVE</u>	<u>INDIALANTIC FL 32903</u>

10. E-mail Address: GUYE@RAMFUNDING.COM

(To be used for future annual report notification)

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. I further certify, 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:

Guy A. Ercolani Guy A. ERCOLANI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3217209498

Daytime Phone #