

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

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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 Country
32903 USA

Zip Country
32903 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 State Zip Code
INDIALANTIC FL 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* Date _____
REGISTERED AGENT MUST SIGN

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
D	<i>Guy A. ERCOLANI</i>	<i>877 N. MIRAMAR AVE</i>	<i>INDIALANTIC FL 32903</i>

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* Date *3217209498*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #