PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE

ACCORA DEPORTMEN OF STATE LAHASSEE, FLORIDA 01 JUL -6 AM 9: 15 Secretary of State DOCUMENT # P95000034884 1. Corporation Name CUSTOM FUNDING & INVESTMENTS, INC. 2. Principal Office Address SAME AS # 2 2973 W. SR 434 Suite; Apt. #, etc. Suite 300 4. Date Incorporated or Qualified To Do Business in Florida 4-25-95 City & State City & State 5. FEI Number Applied For LONGWOOD 59-3315509 Not Applicable Zip Country \$8.75 Additional Fee required afor a Certificate of Status 32779 SEMINOLE CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent PATRICIA A. WALDEN Street Address (P.O. Box Number is Not Acceptable) 000004480750--1 -07/17/01--01003--025 2973 W. STATE ROAD 434 Suite, Apt. #, Etc. ****450.00 ****45**0**.00 State Zip Code LONGWOOD FL 3277 9 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 Date 7-2-01 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Titles, Officers and/or Directors 2973 W. SR 434 #300 PATRICIA A. WALDEN VP 2973 W. SR 434 #300 LONGWOOD FL 32779 10. 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, 7-02-01 (407)869-8288 SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR