PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 12 PM 1:40

SEC... ...TATE
TALL...... ..., FLORIDA

03-06

CR2E081 (12/05)

DOCUMENT # P95000043019

1. Corporation Name

R & L FUNDING, INC.

2. Principal Office Address	**3.** Mailing Office Address
514 Golf Park Drive	514 Golf Park Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Celebration, FL	City & State Celebration, FL

Zip 34747	Country	Zip 34747	Country

4. Date Incorporated or Qualified To Do Business in Florida 06/02/1995

5. FEI Number 59-3358060   ☐ 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
Ralston, Stephen M.

Street Address (P.O. Box Number is Not Acceptable)
514 Golf Park Drive

Suite, Apt. #, Etc.

6000645053418 /20.00

City Celebration   State FL   Zip Code 34747

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 _____   Date 1/11/06
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
P	Ralston, Stephen M.	1660 Grandview Blvd.	Kissimmee, FL 34744
DT	Henningsen, Harald J.	604 Oak Commons Blvd.	Kissimmee, FL 34741

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 contained in Chapter 119, 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: _____ Stephen M. Ralston, President 1/11/06

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