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COURTACCESS CENTERS

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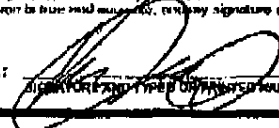
Form, John Gable, Jr., Form 1 727-468 0157

Date: 12/17/03 Time: 11:37:28 AM

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Audit # H03000337751

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 DEC 17 PM 4:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 03 MRD	
DOCUMENT # P95000052058					
1. Corporation Name: ATLANTIC PACIFIC FUNDING, INC.					
2. Principal Office Address: 2831 S. US HWY. 1					
3. Mailing Office Address: 2931 S. US HWY. 1		4. Date of Incorporation or Qualification to Do Business in Florida: 07/06/1995		5. FEI Number: 650643825	
6. City & State: FT PIERCE		7. City & State: FT PIERCE		8. Applied For: Not Applicable	
9. Zip: 34982		10. Country: USA		11. Certificate of Status Desired ☐ SE-75 (Additional Fee Required for a Certificate of Status)	
7. Name and Address of Current Registered Agent					
Name: KENNETH HARRIS					
Street Address (P.O. Box Number is Not Acceptable): 433 SE SKIPPER LANE					
Suite, Apt. #, Etc.					
City: PORT ST. LUCIE					
State: FL Zip Code: 34984					
8. I, hereby 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: 12/17/03					
9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director		City / State / Zip	
PSTD	KENNETH HARRIS	433 SE SKIPPER LANE		PORT ST. LUCIE FL 34984	
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 610.07(9)(b), F.S. The information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE:  KENNETH HARRIS, PSTD 12/17/03 772-370-7898					
Date: _____					

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