

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 15 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000073229**

1. Corporation Name

**BISCAYNE FUNDING, INC.**

Principal Place of Business

Mailing Address

9485 S.W. 72ND STREET  
SUITE A-150  
MIAMI FL 33173

9485 S.W. 72ND STREET  
SUITE A-150  
MIAMI FL 33173

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/22/1995

5. FEI Number

65-0645827

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CASON, RANDALL	9485 S.W. 72ND STREET, SUITE A-150	MIAMI FL 33173
D	TERRELONGE, RICHARD	9485 S.W. 72ND STREET, SUITE A-150	MIAMI FL 33173
D	GILES, ART	9485 S.W. 72ND STREET, SUITE A-150	MIAMI FL 33173
D	PEARSON, MALINDA WILLIAM E. BENSON	9485 S.W. 72ND STREET, SUITE A-150	MIAMI FL 33173
			000002009878-3 -11/20/96--01073--021 ****375.00 ****375.00
			UB11-18-96

8. Name and Address of Current Registered Agent

FITZSIMMONS, ROBERT V  
9485 SUNSET DRIVE  
SUITE A-145  
MIAMI FL 33173

9. Name and Address of New Registered Agent

Name

TINA M. TURNER CRA ESQ.

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

9485 SUNSET DR \*A-230

Suite, Apt. #, Etc.

City

MIAMI FL

State

FL

Zip Code

33173

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/11/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

305-626-9254