

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
00 AUG 11 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** P95000080399

**1. Corporation Name**

Northeast Funding Corporation

**2. Principal Office Address**

**3. Mailing Office Address**

2323 NE 26 Ave

2323 NE 26 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

106

106

City & State

City & State

Pompano Beach, FL

Pompano Beach, FL

Zip

Country

Zip

Country

33062

U.S.A.

33062

U.S.A.

**REINSTATEMENT** 99-00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/19/95

**5. FEI Number**

65-0624666

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

Edward M. Connell

300003368329-4

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

2323 NE 26 Ave

08/23/00 01025 089

\*\*\*\*908.75 \*\*\*\*908.75

Suite, Apt. #, Etc.

106

City

Pompano Beach

State  
**FL**

Zip Code

33062

**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

[Signature]

Date 8-10-00

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
<u>P.</u>	<u>Edward M. Connell</u>	<u>2940 NE 22 Ct</u>	<u>Pompano Beach, FL 33062</u>

**KE**

**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.**

**SIGNATURE:**

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-00

Date

954 782-3077

Daytime Phone #