

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P96000001914</b> 1. Entity Name <b>FUNKADELIC INC.</b>				<b>FILED</b> 07 JUN -1 PM 4:10 TALLAHASSEE, FLORIDA	
Principal Place of Business <b>3822 WEST CRAWFORD ST TAMPA, FL 33614 US</b>		Mailing Address <b>3822 WEST CRAWFORD ST TAMPA, FL 33614 US</b>		 REINSTATEMENT 06-07 05292007 REIN-P CR2E098 (1/07)	
2. Principal Place of Business - No P.O. Box # <b>10917 Juniperus PL</b>		3. Mailing Address <b>10917 Juniperus PL</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>		4. FEI Number <b>65-0650143</b>	
Zip <b>33618</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HERNANDEZ, HUMBERTO 3822 WEST CRAWFORD STREET TAMPA, FL 33614</b>				7. Name and Address of Registered Agent <b>Current</b> Name <b>Humberto Hernandez</b> Street Address (P.O. Box Number is Not Acceptable) <b>10917 Juniperus PL</b> City <b>Tampa</b> FL Zip Code <b>33618</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>05-29-07</b>	
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>HERNANDEZ, HUMBERTO</b> <b>3822 WEST CRAWFORD STREET</b> <b>TAMPA, FL 33614</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Humberto Hernandez</b> <b>10917 Juniperus PL</b> <b>Tampa FL 33618</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of address
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.					
SIGNATURE:				DATE <b>05-29-2007 (013) 9199303</b>	