

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  <b>38 NOV 30 PM 1:03</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <span style="font-size: 1.2em;">P960000 72232</span>					
1. Corporation Name <p style="text-align: center;"><b>PRIME FUNDING CORPORATION</b></p>					
Principal Place of Business			Mailing Address		
<b>1451 N.E 162 Street</b> <b>Miami FL, 33162</b>					
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		4. Date Incorporated or Qualified To Do Business in Florida	
1451 N.E 162 Street				August 96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. FEI Number	
Miami, FL, 33162				65-0755886	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> 38.75 Additional Fee required for a Certificate of Status	
33162		Dade			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P	Herold Casseus	1240 N.E 159 Street	Miami FL, 33162		
T	Hreold Casseus	1240 N.E 159 Street	Miami FL, 33162		
S	Herold Casseus	1240 N.E 159 Street	Miami FL, 33162		
<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 3em; font-weight: bold; margin-top: -10px;">98</div>			900002702379--6 -12/03/98--01090--020 *****8.75 *****8.75  54 12-2-98		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
<b>Herold Casseus</b>  <b>1240 N.E 159 Street</b> <b>Miami FL, 33162</b>			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City <div style="text-align: right;">           State <b>FL</b> Zip Code         </div>		
Signature of Registered Agent REGISTERED AGENT MUST SIGN			Date <span style="font-size: 1.2em;">11/25/98</span>		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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)(l), 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:  President, Herold Casseus <span style="float: right;">11/25/98</span> <div style="display: flex; justify-content: space-between;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date <span style="font-size: 1.2em;">(305) 948-1360</span></span> </div>					

CR2040 (1988)