

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -3 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000067580**

1. Corporation Name **DEVELOPERS FUNDING CORPORATION**
5108 NORTH OCEAN BOULEVARD
OCEAN RIDGE, FL 33435

2. Principal Office Address
5108 N. OCEAN BLVD

Suite, Apt. #, etc.

City & State

OCEAN RIDGE, FL

Zip
33435

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

700024256047
10/29/03--01065--015 **900.00

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

8/5/97

5. FEI Number

650921312

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 **MARK BLUMSTEIN**

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

4040 SHANDAN STREET

Suite, Apt. #, Etc.

City

HOollywood

State
FL

Zip Code

33021

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

M Blumstein

Date

10/2/03

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
P/S	JEFFREY PHILIPS	5700 NW 26 AVE	BOCA RATON, FL 33434
VP	LYNN PHILIPS	5700 NW 26 AVE	BOCA RATON, FL 33434

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)(f), 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/2/03 (561) 278-3301

Daytime Phone #

CR2E001 (10/02)