

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 FEB -3 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000103052**

1. Corporation Name

**SECURE GLOBAL FUNDING INC.**

Principal Place of Business

1100 5TH AVENUE SOUTH  
SUITE 201  
NAPLES FL 34102

Mailing Address

1100 5TH AVENUE SOUTH  
SUITE 201  
NAPLES FL 34102



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

12/05/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3482794

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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	4 City / State / Zip
P	FERGUSON, PATRICK	1100 5TH AVE S., STE 101	NAPLES FL 34102
			900003136759--3 -02/16/00--01012--015 *****900.00 *****900.00
			LS

8. Name and Address of Current Registered Agent

FERGUSON, PATRICK  
1100 5TH AVENUE SOUTH  
SUITE 201  
NAPLES FL 34102

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Pat Ferguson*  
**REGISTERED AGENT MUST SIGN**

Date

1/31/00

11. 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:

*Pat Ferguson*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

1/31/00

941 732 1417

CR2E040 (2/99)