## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations		G3 HAY -8 AM 9: 22  SECRETARY OF STATE TALLAHASSEE, FLORIDA				
DOCUMENT # PARODOD 3287  1. Corporation Name					ייניפישניי	C. PLONIDA		
FORT A	TLANTIC FUNDING	CORP.						
2. Principal Office Address 4040 Sheridan Street		3. Mailing Office Address 4040 Sheridan Street		800018574758 05/08/0301082002 **750.00				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorpe			1998	
City & State Hollywood, Florida		City & State Hollywood, Florida		5. FEI Number Applied For Not Applied be				
<sup>Zip</sup> 33021	Country U.S.A.	<sup>Zip</sup> 33021	Country U.S.A.	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
	7. Name and Address of Current Registered Agent							
Mark Blumstein								
. Street Address (P.O. Box Number is Not Acceptable) 4040 Sheridan Street								
Suite, Apt. #, Etc.					<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
. City	Hollywood				State	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								
Signature of Registered Agent					Date			
	RI	GISTERED AGENT MUS	T SIGN					
9. Names and Str	set Addresses of Each Officer and	d/or Director (Florida nonpre	ofit corporations must list at le	east 3 directors)				
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
P,D Mark	Mark Blumstein		4040 Sheridan Street		Hollywood, Florida 33021			
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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: May 2, 200: 954-961-5626 SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR  Date Daytime Phone #								

## FORT ATLANTIC FUNDING CORP. 4040 SHERIDAN STREET HOLLYWOOD, FLORIDA 33021 (954) 961-5626

May 2, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Dear Sirs:

Enclosed herein please find a Corporate Reinstatement form for Fort Atlantic Funding Corp. along with my check in the sum of \$750.00. Please reinstate the corporation for the foregoing sum as I never received any of the annual forms from the Secretary of State.

Thank you for your time and attention to this matter.

Sincerely,

Mark Blumstein

MIB/ss

स्तर विश्वविक इस्ते एक पुरस्कारकार्यों का स्वाधिक कराती. सुराज्य के कुकरों के अपने किस्से का स्वाधिक कराती.