

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 23 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 098000015413

1. Corporation Name

HMC Funding, Inc

2. Principal Office Address

1000 W McNab Rd

Suite, Apt. #, etc.

Suite 321

City & State

Pompano Beach, FL

Zip

33069

Country

Broward

3. Mailing Office Address

1000 W McNab Rd

Suite, Apt. #, etc.

Suite 321

City & State

Pompano Beach, FL

Zip

33069

Country

Broward

000029071110

02/19/04--01012--009 \*\*150.00

2/09/04 01006 012 \$150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

2-16-98

5. FEI Number

65-0815278

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

Devin Henry

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

5651 Camino Del Sol

Suite, Apt. #, Etc.

#301

City

Boca Raton

State

FL

Zip Code

33423

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]

Date 2/16/04

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
<u>D</u>	<u>Devin Henry</u>	<u>5651 Camino Del Sol</u>	<u>Boca Raton FL 33423</u>

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:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/04

Daytime Phone #

954-788-8546



**HMC Funding Inc.**

205

February 16, 2004

Department of State  
Division of Corporations  
409 East Gaines St  
Tallahassee, FL 32339

Here is the reinstatement form and fee for my HMC Funding Inc. I did not receive the from in the mail.. Enclosed is a check for \$150.00 for reinstatement.

I hope this will clear up the matter.

Thanks

Devin Henry