

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 DEC 29 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000023735

1. Corporation Name

FUND US FINANCIAL, INC.

Principal Place of Business

1401 S. DIXIE HWY
POMPANO BEACH FL 33060

Mailing Address

1401 S. DIXIE HWY
POMPANO BEACH FL 33060



REINSTATEMENT 2000

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2800 Hammondville Rd

3. New Mailing Office Address, If Applicable

PO Box 1165

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0823928

Applied For

Not Applicable

City & State

Pompano Beach, FL
33069 Broward

City & State

Pompano Beach, FL
33061 Broward

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VAN VURST, HENRY	1401 S. DIXIE HWY 2800 Hammondville Road	POMPANO BEACH FL 33060 33069

8. Name and Address of Current Registered Agent

VAN VURST, HENRY
1401 S. DIXIE HWY
POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

Name

VanVurst, Henry

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

2800 Hammondville Road

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/12/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VanVurst 10/12/00 (954) 9427108

CR2E040 (8/00)