

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P98000031006

1. Corporation Name

AMERITRUST FUNDING CORP.

Principal Place of Business

601 CLEVELAND STREET
SUITE 360
CLEARWATER FL 33755

Mailing Address

601 CLEVELAND STREET
SUITE ~~360~~ **370**
CLEARWATER FL 33755

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/1998

5. FEI Number

59-350-0809

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99

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
PSTD	STIRLING, J R	601 CLEVELAND STREET, SUITE 360 370	CLEARWATER FL 33755
VP	Managing Director Bache, Larry	Same	Same
			200003033002--9 -11/02/99--01096--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

STIRLING, J R
601 CLEVELAND STREET
SUITE 360
CLEARWATER FL 33755

9. Name and Address of New Registered Agent

Name **Larry Bache, Sr.**
Street Address (P.O. Box Number is Not Acceptable)
601 Cleveland St Ste 370
Suite, Apt. #, Etc.
Ste 370
City **Clearwater** State **FL** Zip Code **23755**

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]
REGISTERED AGENT MUST SIGN

Date **10/21/99**

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

Date **10/21/99**

Daytime Phone #

(727) 447-1153

CR20040 (8/99)