

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 13 PM 4:46

DOCUMENT # **P98000074788**

1. Corporation Name

FUNDSAMERICA FUNDING CORP.

Principal Place of Business

Mailing Address

965 W COMMERCIAL BLVD
FT LAUDERDALE FL

965 W COMMERCIAL BLVD
FT LAUDERDALE FL



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

08/27/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0862697

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 |
|---------------|---|--|-------------------------|
| VP | DORONY, JANIS M | 965 W. COMMERCIAL BLVD. | FT. LAUDERDALE FL 33309 |
| T | SURKES, MICHAEL | 965 WEST COMMERCIAL BLVD. | FT. LAUDERDALE FL 33309 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

400023750594
10/13/03--01069--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUTLER, BRUCE S
3850 GALT OCEAN DR #708
FT LAUDERDALE FL 33308

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/10/03

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

[Signature] JANIS DORONY

Date

10-10-03

Daytime Phone #

954
771-1414

CR2E040 (7/03)

***FundsAmerica* Funding Corporation**

**965 West Commercial Blvd.
Fort Lauderdale, FL 33309**

**Phone: (954) 771-1414
Fax: (954) 776-9942**

October 10, 2003

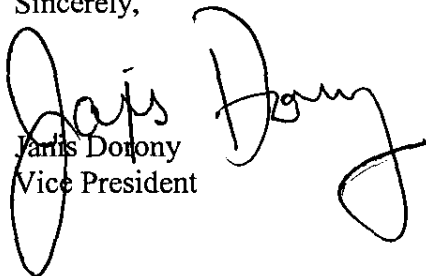
Florida Department of State
Division of Corporations

To Whom It May Concern:

Please be advised that FundsAmerica Funding Corporation has never received any notification that our annual report has not been paid. Had we received notice of the balance owed, payment would have been paid in a timely manner.

Enclosed is the \$150.00 fee necessary to be reinstated. Please accept our apologies for any confusion in this matter.

Sincerely,


Jarvis Dorony
Vice President