

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000101134

1. Corporation Name

PRINCIPLE FUNDING RESOURCE, INC.

FILED

99 DEC 16 PM 12: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

42210 QUAIL RUN ROW
BAYONET POINT FL 34007

Mailing Address

42210 QUAIL RUN ROW
BAYONET POINT FL 34007

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

2. New Principal Office Address, If Applicable

3825 MARINERS WALK

Suite, Apt. #, etc.

614

City & State

CORTEZ FL

Zip

34215

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1998

SP

5. FEI Number

59-3546573

Applied For

Not Applicable

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Yesica Schaaf	3825 MARINERS WALK #614 CORTEZ, FL 34215	

800003079418--6

-12/23/99--01057--014

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHAAF, YESICA A

42210 QUAIL RUN ROW 3825 MARINERS WALK

BAYONET POINT FL 34007 Apt 614

Cortez, FL 34215

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.

Signature of
Registered Agent

Yesica Schaaf

REGISTERED AGENT MUST SIGN

Date 12-13-99

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:

Yesica Schaaf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-13-99

Date

Daytime Phone #

CR20040 (8/99)