

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 23 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PR8000102366
1. Corporation Name
Lease Funded Corp.

*2002-2003
WBR*

*WBR
0203*

2. Principal Office Address 1606 E. Gonzalez Str.		3. Mailing Office Address P.O. Box 2968	
Suite, Apt. #, etc. n/a		Suite, Apt. #, etc. n/a	
City & State Pensacola, FL		City & State Pensacola, FL	
Zip 32501	Country United States	Zip 32503	Country United States

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 593546415	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name John Winski	
Street Address (P.O. Box Number is Not Acceptable) 1606 E. Gonzalez St.	
Suite, Apt. #, Etc.	
City Pensacola	State FL
	Zip Code 32501

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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 5-20-03
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
Pres.	John Winski	1606 E. Gonzalez St	Pensacola, FL 32501

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]* Date 5/20/03 850 469 4680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2ED01 (10/02)

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