


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 APR 25 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 99055048812

1. Corporation Name ENTERPRISE FUNDING OF PALM BEACH, INC.

2. Principal Office Address 448 SW 5 AVES

3. Mailing Office Address SIAMLE

Suite, Apt. #, etc.

City & State FT LAUDERDALE, FL

City & State ↓

Zip 33315 Country BROWARD

Zip Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0921312

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name MARK BLUMSTEIN

Street Address (P.O. Box Number is Not Acceptable) 4040 SHERIDAN

Suite, Apt. #, Etc.

City HOLLYWOOD

State FL Zip Code 33021

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 Mark Blumstein Date 4/22/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P/D</u>	<u>JEFFREY PHILLIPS</u>	<u>2700 NW 56 AVENUE</u>	<u>BOCA RATON, FL 33434</u>
<u>SECRET</u>			

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)(f), 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 4/22/03 (601) 289-9972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

133