

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 23 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **559296**

1. Corporation Name

National Education Funding Foundation INC
EDUCATIONAL

2. Principal Office Address

4501 N.W. 103 Ave
Suite, Apt. #, etc.
101

City & State
FT. LAUDERDALE FL
Zip Country
33351 Broward

3. Mailing Office Address

4501 N.W. 103 Ave
Suite, Apt. #, etc.
101

City & State
FT. LAUDERDALE FL
Zip Country
33351 Broward

**4. Date Incorporated or Qualified
To Do Business in Florida:**

6/10/91
SP
5. FEI Number
65-0259264
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CHARLES FAIRMAN
Street Address (P.O. Box Number is Not Acceptable)
4501 N.W. 103 Ave
Suite, Apt. #, Etc.
101
City
FT. LAUDERDALE

State Zip Code
FL 33351

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

Charles Fairman

REGISTERED AGENT MUST SIGN

Date **01/29/01**

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.	CHARLES FAIRMAN	1870 N.W. 106 Lane	Plantation, FL 33322
V. Pres.	DIANE H. FAIRMAN	1870 N.W. 106 Lane	Plantation FL 33322

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.B. 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: *Charles Fairman*
CHARLES FAIRMAN PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/01 **954/572-4144**
Date Daytime Phone #

CR2E081 (9/00)