

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 OCT -3 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000029811

1. Corporation Name
SE Funding, Inc.
209 Delburg St. #201
Davidson NC 28036

2. Principal Office Address
209 Delburg St #201

3. Mailing Office Address

Suite, Apt. #, etc.
201

City & State
Davidson NC

Zip
28036

Country
USA

REINSTATEMENT

00.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-3504741

Applied For
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
Jack Davidson, CPA

Street Address (P.O. Box Number is Not Acceptable)
3445 Garber Drive

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32303

800003427698-2
-10/17/00-01068-012
****750.00 ****750.00

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
Jack Davidson

REGISTERED AGENT MUST SIGN

Date
10-3-00

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.	Jeffrey Anderson	209 Delburg St #201	Davidson NC 28036
V.P.	George Spaine	same	same

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: *Jack Davidson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
10-3-00

Daytime Phone #
850-425-3065

CR2E081 (9/99)