


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 01 OCT 22 PM 2:55  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **655008**

1. Corporation Name  
**AMERIFIDELITY SECURITIES CORPORATION**

Principal Place of Business	Mailing Address
1709 LORENA LANE P.O. BOX 568097 ORLANDO FL 32806	1709 LORENA LANE P.O. BOX 568097 ORLANDO FL 32806

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



*2001 JAH*

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02/06/1980
City & State	City & State	5. FEI Number
Zip	Country	59-1969645
		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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1. PC	2. COLLINS, HAROLD H.	3. 1709 LORENA LANE	4. ORLANDO FL
			400004670814--1 -11/07/01--01050--009 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

**COLLINS, HAROLD H**  
**1709 LORENA LANE**  
**ORLANDO FL 32806**

9. Name and Address of New Registered Agent

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 *[Signature]* Date 10/15/2001  
 REGISTERED AGENT MUST SIGN

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: *[Signature]* HAROLD H. COLLINS Date 10/15/2001 (407) 896-2304  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)