

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **655008**

02 NOV -6 AM 11:01

1. Corporation Name

**AMERIFIDELITY SECURITIES CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**300008835193**

11/06/02--01117--015 \*\*758.75



**REINSTATEMENT 02**

Principal Place of Business

1709 LORENA LANE  
P.O. BOX 568097  
ORLANDO FL 32806

Mailing Address

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.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/06/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1969645

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PC	COLLINS, HAROLD H.	1709 LORENA LANE	ORLANDO FL

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 \_\_\_\_\_

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]*  
**REGISTERED AGENT MUST SIGN**

Date 10/29/2002

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** COLLINS, SR  
Date \_\_\_\_\_ Daytime Phone # 407/8962304