

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -6 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800008835148
11/06/02--01117--013 **758.75



REINSTATEMENT 02

DOCUMENT # **G85648**

1. Corporation Name
AMERIFIDELITY FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
1709 LORENA LANE ORLANDO FL 32806	1709 LORENA LANE 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/21/1984	
City & State		City & State		5. FEI Number	
Zip		Country		59-2376391	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 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
P	COLLINS, HAROLD H.	1709 LORENA LANE	ORLANDO FL
V	LYNCH, GEOFFREY B.	1709 LORENA LANE	ORLANDO FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
COLLINS, HAROLD H. 1709 LORENA LANE ORLANDO FL 32806		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City		State	Zip Code
		FL			

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: 10/31/2002

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)(l), 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: 10/29/2002 Daytime Phone #

CR2E040 (8/02)