

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 NOV -9 PM 1:45

DOCUMENT # L20034

1. Corporation Name  
 ASSOCIATION FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
1181 SOUTH ROGERS CIRCLE 1 BOCA RATON FL 33487 US	1181 SOUTH ROGERS CIRCLE 1 BOCA RATON FL 33487 US



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.	10/03/1989
City & State	City & State	5. FEI Number
Zip	Country	65-0157403
		Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DP	OLECK, RICHARD	1181 S ROGERS CIRCLE #1	BOCA RATON FL
			20000305 1492--9 -11/22/99--01117--009 ****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LEVIN, FREDERICK 7770 WEST GARDEN PARK BLVD. SUITE 800 SUNRISE FL 33351	Name: JEFFREY BOSTON Street Address (P.O. Box Number is Not Acceptable): 2401 N.W. BOCA RATON BLVD. Suite, Apt. #, Etc.: Suite 100 City: Boca Raton State: FL Zip Code: 33431

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: Jeffrey Boston Date: 10-18-99  
 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] V.P. Date: 10-18-99 Daytime Phone #: 561-261-0513  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/99)

**ASSOCIATION FINANCIAL GROUP, INC.**  
1181 SOUTH ROGERS CIRCLE, UNIT 1  
BOCA RATON, FL 33487  
1-800-326-7900 / FAX (561) 241-0621

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November 4, 1999

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Ref: M39209

I spoke to one of your representatives today, and I am following his instructions.

The reason we did not file a 1999 Corporate Annual Report and pay the fee is because we did not receive an application to file the 1999 report.

Our application was mailed to Unit 6 and not to Unit 1. We are not friendly with firm in Unit 6. They probably threw it out. By chance we received the second notice.

We also spoke to your representative on October 14, 1999, and we were told to mail in the form we received on October 14, 1999, with a check for \$150.00.

Enclosed please find the application and the check for \$150.00.

I trust this will be satisfactory.

Very truly yours,



Harvey Oleck, V.P.

HO:dr