AMD AND FILED
04 OCT 27 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PJ 1 82

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000039546

1. Corporation Name
AGAF INDUSTRIES, INCORPORATED

REINSTATEMENT 02-04
27/03 01580 008 -30.00 HK

2. Principal Office Address	3. Mailing Office Address
3613 CORAL SPRINGS DR	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS FL	City & State
Zip: 33065 Country: BROWARD	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 17, 2001

5. FEI Number: ☑ 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: KEVIN FAGA

Street Address (P.O. Box Number is Not Acceptable): 3613 CORAL SPRINGS DRIVE

Suite, Apt. #, Etc.:

City: CORAL SPRINGS | State: FL | Zip Code: 33065

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: Kevin Faga — Date: 10/22/2004
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PTD	SEAN FAGA	3613 CORAL SPRINGS DR	CORAL SPRINGS FL 33065
VSD	CAROL FAGA	3613 CORAL SPRINGS DR	CORAL SPRINGS FL 33065

800042242108
10/27/04--01039--005 **150.00

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: [signature] 10/22/2004 954 6442992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AS 292

AGAF Industries, Incorporated
3613 Coral Springs Drive
Coral Springs, Florida 33065
(954 644 2992)

Florida Division Of Corporations
PO Box 6327
Tallahassee, Florida 32314

October 22, 2004

Re: Reinstatement

To whom it may concern:

I never received my notice for the annual report in 2002. However, I did forward a check in the amount of $300 in 2003. I would like to reinstate the corporation and be in good standings with the state. I am respectfully requesting that all penalties be waived for the period in question. In addition I am enclosing a check for $150 along with a completed reinstatement form.

Thank you for your cooperation and I remain,

Sincerely,

Shaun Faga, President