

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

04 JAN -9 PM 1:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000046565**

1. Corporation Name

AMERIFIRST, INC.

Principal Place of Business

Mailing Address

2700 W CYPRESS CREEK RD
 SUITE C101
 FT LAUDERDALE FL 33309

2700 W CYPRESS CREEK RD
 SUITE C101
 FT LAUDERDALE FL 33309



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

REINSTATEMENT 03-04

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/09/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1003776

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)

Title(s) 1	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BUDOWSKI, WALTER	2700 W CYPRESS CREEK RD SUITE C1	FT LAUDERDALE FL 33309
D	BUDOWSKI, KATHLEEN O	2700 W CYPRESS CREEK RD	FT LAUDERDALE FL 33309
			300025904843 12/31/03--01068--005 **758.75
			300025904843 01/09/04--01057--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL-32301-2525

Name **Walter Budowski**
 Street Address (P.O. Box Number is Not Acceptable)
2700 W Cypress Creek Rd
 Suite, Apt. #, Etc. **Suite C101**
 City **Ft. Lauderdale** State **FL** Zip Code **33309**

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

Date

12/30/03

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:

Walter Budowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/2003

Date

954-973-3303

Daytime Phone #

CR2E040 (7/03)