PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

FILED
04 JAN 15 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000126042**

1. Corporation Name

AFT MANAGEMENT, CORP.

Principal Place of Business	Mailing Address
9100 NW 47 CT CORAL SPRINGS FL 33067	9100 NW 47 CT CORAL SPRINGS FL 33067

REINSTATEMENT 2003

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
5460 Pinetree Rd	5460 Pinetree Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs FL	City & State: Coral Springs FL
Zip: 33067 Country: U.S.A.	Zip: 33067 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 11/21/2002

5. FEI Number: 65-1160997 ☐ Applied For ☐ Not Applicable

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
~~PD~~	~~TALERICO, FRANK~~	~~9100 NW 47 CT~~	~~CORAL SPRINGS FL 33067~~
PD	Talerico, Frank	5460 Pinetree Rd	Coral Springs, FL 33067

300026912253
01/14/04 --01023--013 **150.00

8. Name and Address of Current Registered Agent

TALERICO, FRANK
9100 NW 47 CT
CORAL SPRINGS FL 33067

9. Name and Address of New Registered Agent

Name: Frank Talerico
Street Address (P.O. Box Number is Not Acceptable): 5460 Pinetree Rd
Suite, Apt. #, Etc.:
City: Coral Springs State: FL Zip Code: 33067

CR2E040 (7/03)

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: X Frank Talerico Date:

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: X Frank Talerico

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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January 9, 2004

Please know that I never received the form needed for renewing and maintaining the corporation active.

I just found out that the corporation is inactive when I applied for a bank loan. I also notice in an application for reinstatement that was forwarded to me that you have the wrong address.

Please reinstate my corporation. I add here $150.00 for the annual fee. Since it was not our fault please waive the penalty fee.

Sincerely,

Frank Talerico

Frank Talerico