PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 01 WBR

APPROVED AND FILED

01 MAY -2 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000098035

1. Corporation Name
AMERI-FIRST ENTERPRISES CORPORATION

2. Principal Office Address	3. Mailing Office Address
15970 West State Road 84	PO BOX 10026 PAMPANO BEACH FL. 33061
Suite, Apt. #, etc. PMB 211	Suite, Apt. #, etc.
City & State Weston, FL	City & State
Zip 33326 Country Broward	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida NOV. 5, 1999

5. FEI Number 65-0987064 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name James Walton

Street Address (P.O. Box Number is Not Acceptable) 4040 Galt Ocean Drive

Suite, Apt. #, Etc.

City Fort Lauderdale State FL Zip Code 33308

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 James Walton
REGISTERED AGENT MUST SIGN

Date May 1, 2001

CR2E081 (9/00)

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
STD	James Walton	4040 Galt Ocean DR.	Ft. Lauderdale, FL 33308
			400004131304--6 -05/02/01--01017--001 ****308.75 ****308.75
			SP

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: James Walton May 1, 2001 954-560-6407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #