PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(SEE S.)	FILED
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	2009 JUL 10 PM 6: 35
DOCUMENT # 759675	SECHLINK UF STATE TALLAHASSEE, FLORIDA
1. Corporation Name	
AWERTISING FEDERATION OF SOUTHWEST	
FLORIDA, INC	700158367487 07/10/0901055003 **192.50
2 October Office Address No. O. C. T. T. C. C. T. T. C. C. T. T. C. C. C. T. T. C.	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address P.O. Sox 88	REINSTATEMENT
Suite, Apt. #, etc. Suite, Apt. #, etc.	4. Date incorporated or Qualified /
City & State City & State	To Do Business in Florida 8 9/198/
Cape Coraf, PC Fort Myers, PC	5. FEI Number Applied For Not Applicable
21p 32904 Country USA Zip 32901 Country USA	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Wendy Payton-Enrique Z	The reinstatement fee is imposed, except in
Street Address (P.O. Box Numberlis Not Acceptable)	circumstances which the entity did not receive the prior notices. By checking this box, you
Suite Apt. #. Etc.	are certifying the prior notices were not
203	received and requesting the reinstatement fee be waived.
Cape Coral State 33904	
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 Uluqui Artor-Curuu Date 715/09 REGISTERED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit conforations must list at least 3 directors)	
Titles Name of Streat Address of Each Officers and/or Directors Officer and/or Director	City / State / Tip
Wendy Payton-Enriquez 3004 DIProdo Blod 5 St 203 Cape Coral FI 33904	
Scott Qurollo 2013 SW 15th Ave	
Annie Basile 335 NKO. Dr.	#B114 N. Fort Muers FL 33903
rugio paores sones or	10114 10114 11 101131 2 3318
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 filling	
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 contained in Chapter 119, 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: WENDY PAYTON FARIOUT 239-910-3884	