

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



**FILED**  
 99 FEB 10 PM 12: 54  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 830900**

1. Corporation Name  
**AMFI Investments Corporation**

Principal Place of Business Mailing Address

**15 East North Street Post Office Box 899**  
**Dover, Delaware 19901 Dover, Delaware 19903**

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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**REINSTATEMENT**

97-99  
 2/10/99

4. Date Incorporated or Qualified To Do Business in Florida **September 1973**

5. FEI Number **59-1215272** 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	J. B. Yancey President, Director	4060 Barrancas Avenue	Pensacola, Florida 32507
VP/S/D	L. B. Southerland VP, Sec, Director	4060 Barrancas Avenue	Pensacola, Florida 32507

300002776603-6  
 -02/16/99-01024-017  
 \*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C. B. Harrison 4060 Barrancas Avenue Pensacola, Florida 32507	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt #, Etc.	
	City State Zip Code	FL

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.

Signature of Registered Agent *[Signature]* Date **2/02/99**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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]* Date **2/02/99**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #  
**J. B. Yancey**

CR2E081 (12/98)