

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 24 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200010691922

01/24/03--01035--003 **900.00



REINSTATEMENT 02-03

DOCUMENT # F01000001127

1. Corporation Name

AFSG SECURITIES COMPANY

Principal Place of Business

4333 EGDGEWOOD ROAD NE
CEDAR RAPIDS IA 52499

Mailing Address

400 WEST MARKET STREET
LOUISVILLE KY 40202

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/2001

5. FEI Number

23-2421076

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	NORMAN, LARRY N	4333 EGDGEWOOD ROAD NE	CEDAR RAPIDS IA 25249
VD	SPAES, ANNE M	400 WEST MARKET STREET	LOUISVILLE KY 40202
VD	WACHENDORF, LISA A	400 WEST MARKET STREET	LOUISVILLE KY 40202
V	CARTER, JOHN K	570 CARILLON PARKWAY	ST. PETERSBURG FL 33716
V	CUMMINGS, WILLIAM G	570 CARILLON PARKWAY	ST. PETERSBURG FL 33716
V	MORIARTY, THOMAS R	570 CARILLON PARKWAY	ST. PETERSBURG FL 33716

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

James M. Halpin
Assistant Secretary

Date 1-22-03

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 607.03(1), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa A Wachendorf

JAN 23 2003

Date 1-23-03 Daytime Phone #

CR2E040 (8/02)