

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000002731

1. Entity Name  
AMERICAN PROPERTY FINANCING, INC.



Principal Place of Business

8913 REGENTS PARK DR  
TAMPA, FL 33647  
suite 670

Mailing Address

8913 REGENTS PARK DR  
TAMPA, FL 33647  
suite 670

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete  
NAME WIENER, ALAN  
STREET ADDRESS 5 EAST 42ND ST  
CITY-ST-ZIP NEW YORK, NY 10017

TITLE DP ☐ Delete  
NAME HABIGHORST, ARTHUR  
STREET ADDRESS 5 EAST 42ND ST  
CITY-ST-ZIP NEW YORK, NY 10017

TITLE DVPT ☐ Delete  
NAME WOOLSEY, JAMES  
STREET ADDRESS 5 EAST 42ND ST  
CITY-ST-ZIP NEW YORK, NY 10017

TITLE S ☐ Delete  
NAME HICKEY, DANIEL  
STREET ADDRESS 5 EAST 42ND ST  
CITY-ST-ZIP NEW YORK, NY 10017

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME Wiener, Alan  
STREET ADDRESS 6 East 43rd St., 26th Fl.  
CITY-ST-ZIP NY, NY 10017

TITLE ☒ Change ☐ Addition  
NAME Habighorst Arthur  
STREET ADDRESS 6 East 43rd St., 26th Fl.  
CITY-ST-ZIP NY, NY 10017

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur Habighorst

Date

Daytime Phone #

FILED  
DEC 12 AM 9:38  
TALLAHASSEE, FLORIDA  
REINSTATEMENT

T. Roberts DEC 14 2005



11162005 REIN-P CR2E098 (6/04)

4. FEI Number  
13-3804500

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FILED  
DEC 12 AM 9:38  
TALLAHASSEE, FLORIDA

000062097870  
12/12/05--01039--021 \*\*150.00

12/5/05 (212) 850-4200