

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H25500

1. Corporation Name

A & F ENTERPRISES, INC.

Principal Place of Business

1528 SOUTH NOVA ROAD
DAYTONA BEACH FL 32114

Mailing Address

1528 SOUTH NOVA ROAD
DAYTONA BEACH FL 32114

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

REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1984

5. FEI Number

59-2458120

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	BOWIN, MARY LOU	2983 BRISTOL LANE	SOUTH DAYTONA FL 32119
PO	KATHARINE ANN CHILLOU	506 KATHARINE ST	SCOTTSDALE, AZ 85219

300008792719

11/04/02--01110--021 **750.00

8. Name and Address of Current Registered Agent

BOWIN, MARY LOU
2983 BRISTOL LANE
SOUTH DAYTONA FL 32119

9. Name and Address of New Registered Agent

Name

Samuel B. Edwards

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

1133 GRANTWOOD RD

Suite, Apt. #, Etc.

City

DA LAMON

State
FL

Zip Code
32920

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

Date

12/31/02

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KATHARINE B. ACHLOU 10/31/02 386-253-9300