PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL -1 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # [illegible] 1995-2005

1. Corporation Name

AFTER ME, INC
H27612

2. Principal Office Address	3. Mailing Office Address
165 E. VENICE AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State VENICE, FL	City & State
Zip 34285 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 10/29/84

5. FEI Number 59-2484628 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name ANDREW H. MOORE

700057841671--
07/12/05--01037--016 **1650.00

Street Address (P.O. Box Number is Not Acceptable) 5153 OLD ASHWOOD DR

Suite, Apt. #, Etc.

City SARASOTA | State FL | Zip Code 34233

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 Andrew H Moore Date 6/25/05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES, P/D, D, S/D	ANDREW H. MOORE	5153 OLD ASHWOOD DR	SARASOTA, FL 34233
P/D, T/D, S/D			

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 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: Andrew H Moore ANDREW H. MOORE 6/29/05 (941) 993-2338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AJR

CORPORATE ACCESS, INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 7/1/05

___CERTIFIED COPY

___CUS

V PHOTO COPY

V FILING: Reinstatement

1.) After ME, INC.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

05 JUL -1 AM 11:44
TALLAHASSEE, FLORIDA
File 2nd

SPECIAL INSTRUCTIONS _____

6/29/05

TO: AMENDMENT SECTION
FROM: AFTER ME INC

RE DISSOLUTION

I have no intention of revoking the dissolution, releasing the name

Andrew H. Moore

ANDREW H. MOORE
PRES, AFTER ME INC

June 29, 2005

TO: DIVISION OF CORPORATIONS
FROM: AFTER ME, INC

RE: REINSTATEMENT PENALTY

It is requested that the penalty be waived as I never received any notification. The registered agent was no longer involved with the corporation and did not pass any notices on.

Thank you very much

Andrew H. Moore

ANDREW H. MOORE, PRESIDENT
AFTER ME, INC