

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

AFTER ME, INC

H27612

1995-2005

2. Principal Office Address

165 E. VENICE AVE

3. Mailing Office Address

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

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

5153 OLD ASHWOOD DR

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34233

700057346717
07/12/05--01037--016 ***1650.00

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

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. T.D.	ANDREW H. MOORE	5153 OLD ASHWOOD DR	SARASOTA, FL 34233

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

Date

6/29/05

Daytime Phone #

(941)
993-2338

AKR

**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 *Blind*

CERTIFIED COPY

CUS

☒ PHOTO COPY

☒ FILING *Reinstatement*

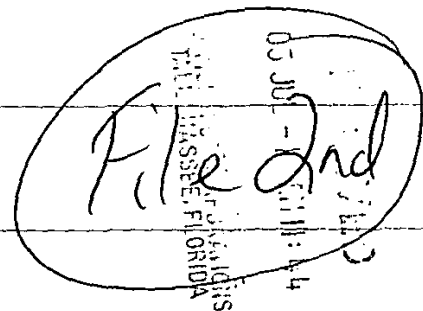
1.) *After ME, INC.*
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)



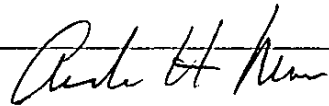
SPECIAL INSTRUCTIONS

6/29/05

TO: AMENDMENT SECTION
FROM: AFTER ME INC

RE: DISSOLUTION

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



ANDREW A. 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