

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda F. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000027823

Name and Mailing Address

0004057 01 AT 0.292 **AUTO TB 0 0615 32901-462507



AF MANAGEMENT, LLC
1507 RIVERVIEW DRIVE
MELBOURNE FL 32901-4625



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

10/21/2002

Principal Place of Business

1507 RIVERVIEW DRIVE
MELBOURNE FL 32901

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

16-1641553

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

FERRETTI, ANTHONY
1507 RIVERVIEW DRIVE
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name

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

688824019296

10/22/03--01058--009 **150.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/17/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
managing member	Anthony Ferretti	1507 Riverview Drive	Melbourne, FL 32901

REINSTATEMENT

03

dec

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

SIGNATURE REQUIRED

Date

10/17/03

Daytime Phone #

321-984-0708

Typed or printed name of signing Managing Member/Manager

Anthony Ferretti

CR2E034 (7/03)