

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
OCT 13 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000008293

1. Limited Liability Company's Name

AMERICAN FEDERAL FINANCIAL FUND, LLC

2. Principal Office Address

710 EAST MICHIGAN ST.

3. Mailing Office Address

710 EAST MICHIGAN ST.

Suite, Apt. #, etc.

SUITE 61

Suite, Apt. #, etc.

SUITE 61

City & State

ORLANDO FL

City & State

ORLANDO, FL

Zip

32806

Country

USA

Zip

32806

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

03/06/03

6. FEI Number

☒ 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

Name

KEITH R. INGERSOLL

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

4037 CONWAY PLACE CIRCLE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32812

9. 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]

REGISTERED AGENT MUST SIGN

Date 10/12/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MAN	AARON C. MILLER	4425 YACHTMANS CT.	ORLANDO FL 32812
MGR			
			900041753469 10/12/04 01020-022 **155.00
	REINSTATEMENT	2004	
		<i>[Signature]</i>	

11. 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]

Date 10/12/04

Daytime Phone #

321 960 3694

Typed or printed name of signing Managing Member/Manager

AARON C. MILLER

CR2E041 (10/02)