
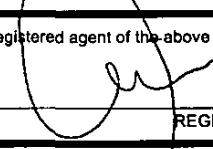
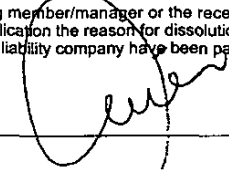


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: right;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</div> <div style="text-align: right;">06 JAN 12 AM 10:56</div>	
DOCUMENT # L03000008293					
1. Limited Liability Company's Name AMERICAN FEDERAL FINANCIAL FUND, LLC					
2. Principal Office Address 680 Osceola Ave <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 680 Osceola Ave <small>Suite, Apt. #, etc.</small>		CR2E041 (8/05)	
City & State Winter Park, FL		City & State Winter Park, FL		4. State/Country of Formation	
Zip 32789	Country US	Zip 32789	Country US	5. Date Organized or Qualified To Do Business in Florida 03/06/2003	
				6. FEI Number <input checked="" type="checkbox"/> Applied For <div style="text-align: right;">Not Applicable</div>	
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
<div style="display: flex; justify-content: space-between;"><div>Name Aaron C. Miller Street Address (P.O. Box Number is Not Acceptable) 680 Osceola Ave Suite, Apt. #, Etc. City Winter Park</div><div>State FL</div><div>Zip Code 32789</div></div>					
<div style="display: flex; justify-content: space-between;"><div>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  REGISTERED AGENT MUST SIGN</div><div>Date 1-6-06</div></div>					
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		
MGRM	Aaron C. Miller	680 Osceola Ave	Winter Park, FL 32789		
<div style="display: flex; justify-content: space-between;"><div>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 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 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 if made under oath.</div><div>Signature of Managing Member/Manager </div><div>Date 1-6-06 Daytime Phone # 407-644-8110</div></div>					
Typed or printed name of signing Managing Member/Manager Aaron C. Miller					