

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. Limited Liability Company's Name

AFY Management, LLC

2. Principal Office Address - No P.O. Box #
Le Cigar

3. Mailing Office Address
Le Cigar

Suite, Apt. #, etc.
425 12th St. West

Suite, Apt. #, etc.
425 12th St. West

City & State
Bradenton, FL

City & State
Bradenton, FL

Zip
34205

Country

Zip
34205

Country

State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 11/03/2003

6 EEI Number
562426551

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
Sacha Ross

Street Address (P.O. Box Number is Not Acceptable)
1023 Manatee Ave. W.

Suite 100

City
Bradenton

State
F1

Zip Code
34205

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Sachaross
REGISTERED AGENT

REGISTERED AGENT MUST SIGN

Date September 19, 2007

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	Allen F. Yearick	5417 Stoneybrook Lane	Bradenton, FL 34203
			<div data-bbox="984 1570 1430 1623"> <div>500109849086</div> <div>09/24/07--01070--011 **200.00</div> </div>
	<div data-bbox="129 1665 725 1743"> <div>REINSTATEMENT</div> <div>2006-2007</div> </div>	<div data-bbox="657 1694 725 1743">DB</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 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 _____

Signature of
Managing Member/Manager

Date 9-19-07

Daytime Phone#

Typed or printed name of signing Managing Member/Manager

Allen F. Yearick, MGRM