

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 27 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000004560**

1. Limited Liability Company's Name

AFVER, LLC

900176900269
04/21/10--01028--010 **837.50
CR2E041 (11/09)

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

3300 Airport Rd

Suite, Apt. #, etc.

Suite 301

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33431

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/20/2004

6. FEI Number

20-0647653

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

Jack Africk

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

3300 Airport Rd

Suite, Apt. #, Etc.

301

City

Boca Raton

State

FL

Zip Code

33431

☒ 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

Jack Africk
REGISTERED AGENT MUST SIGN

Date

4/20/2010

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
mgr	JACK A	3300 Airport Rd #301	Boca Raton, FL 33431
mgem	Pam Africk	43 Royal Palm Dr.	Fort Lauderdale FL 33301
mgem	Richard Prever	5791 Bridleway Cir.	Boca Raton FL 33496

REINSTATEMENT
2005-2010

S. HAWKES

APR 28 2010

EXAMINER

11. E-mail Address: **JACK.AFRICK@EVOLUTIONPARTNER.NET**

(To be used for future annual report notifications)

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

Jack Africk

Date

4/20/2010

Daytime Phone #

561 394 5678

Typed or printed name of signing Managing Member/Manager

JACK AFRICK