

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000086137

1. Limited Liability Company's Name

AFW 2004, LLC

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

5940 Balao Way

Suite, Apt. #, etc.

City & State

St. Pete Beach, FL

Zip

33706

Country

USA

3. Mailing Office Address

1136 St. Finegan Drive

Suite, Apt. #, etc.

City & State

West Chester, PA

Zip

19382

Country

USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 11/30/2004

6. FEI Number
201940250

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

S. Keith McKinney, Jr., Esq., Broida & McKinney, PA

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

605 75th Avenue

Suite, Apt. #, Etc.

City
St. Pete Beach

State

FL

Zip Code

33706

☐ 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

S. Keith McKinney, Jr.
REGISTERED AGENT MUST SIGN

Date

3-3-09

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	James F. Clark	1136 St. Finegan Dr.	West Chester, PA 19382
	S. HAWKES		
	MAR 11 2009		
	EXAMINER		

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

James F. Clark

Date

2/27/09

Daytime Phone #

EXT. 120
610-692-7551

Typed or printed name of signing Managing Member/Manager

JAMES F. CLARK

FILED
09 MAR 10 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

2007-09
REINSTATEMENT

LAW OFFICES OF
Broida and McKinney, P.A.
605 - 75TH AVENUE
POST OFFICE BOX 66714
ST. PETE BEACH, FLORIDA 33706

JOEL D. BROIDA
S. KEITH MCKINNEY, JR.

(727) 367-1941
(727) 360-0691
FAX: (727) 367-6128

March 3, 2009

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: AFW 2004, LLC

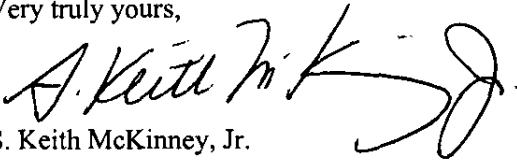
Gentlemen:

Please reinstate the above-referenced limited liability company in accordance with the enclosed Reinstatement Form for AFW 2004, LLC. Also enclosed is my client's check in the amount of \$516.25, representing the \$100.00 reinstatement fee and three (3) years annual report fee.

Should you have any questions or problems, please do not hesitate to contact me.

Thank you for your assistance in this matter.

Very truly yours,


S. Keith McKinney, Jr.

SKM/cm
Enclosures