

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 28 PM 12: 54

DOCUMENT # L05000055754

1. Limited Liability Company's Name

AFI SERVICES LLC

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

2171 NW 93RD AVE

Suite, Apt. #, etc.

3. Mailing Office Address

2171 NW 93RD AVE

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

6-6-05

6. FEI Number

NONE

☐ 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

CHRISTOPHER SULLIVAN

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

2171 NW 93RD AVE

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33024

☐ 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

Chris Sullivan

Date 12-31-08

REGISTERED AGENT MUST SIGN

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
MGMR	CHRISTOPHER SULLIVAN	2171 NW 93 RD AVE	PEMBROKE PINES, FL 33024

REINSTATEMENT

DATE 12-31-08

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

Chris Sullivan

Date 12-31-08

Daytime Phone# 754-244-2187

Typed or printed name of signing Managing Member/Manager

CHRISTOPHER SULLIVAN