

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2017 OCT 26 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

DOCUMENT # L13000030292

1. Limited Liability Company's Name

AFG FINANCIAL MIAMI, LLC

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

9701 Collins Avenue, Unit 605

Suite, Apt #, etc

City & State

Bal Harbour, FL

Zip

33154

Country

USA

3. Mailing Office Address

9701 Collins Avenue, Unit 605

Suite, Apt #, etc

City & State

Bal Harbour, FL

Zip

33154

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

02/26/2013

6. FEI Number

80-0903803

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

Samuel Garson

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

9701 Collins Avenue, Unit 605

Apt #, Etc

City

Bal Harbour

State
FL

Zip Code

33154

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-15-2017

10/26/17--01036--001 ***125.00

10/26/17--01036--001 ***125.00

900305034533
10/26/17--01036--001 ***125.00

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Samuel Garson	9701 Collins Avenue, Unit 605	Bal Harbour, FL 33154
MGR	Priscilla Garson	9701 Collins Avenue, Unit 605	Bal Harbour, FL 33154
REINSTATEMENT			OCT 26 2017
			R. HUNT

1. E-mail Address: samuelgarson@globo.com

(To be used for future annual report notifications)

2. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 85.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

10-15-2017

Daytime Phone #

305-934-2189

Typed or printed name of signing authorized representative/member

Samuel Garson