

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L20034

1. Corporation Name

ASSOCIATION FINANCIAL GROUP, INC.

Principal Place of Business

1181 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487
US

Mailing Address

1181 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/03/1989

5. FEI Number

65-0157403

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	OLECK, RICHARD	1181 S ROGERS CIRCLE #1	BOCA RATON FL
			200003051492--9
			-11/22/99--01117--009
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

LEVIN, FREDERICK
7770 WEST GARDEN PARK BLVD.
SUITE 200
SUNRISE FL 33351

9. Name and Address of New Registered Agent

Name JEFFREY BERTON
Street Address (P.O. Box Number is Not Acceptable)
2401 N.W. BOCA RATON BLVD.
Suite, Apt. #, Etc. Suite 100
City Boca Raton State FL Zip Code 33431

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

JEFFREY BERTON
REGISTERED AGENT MUST SIGN

Date 10-18-99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-18-99 561-241-0513

CR20040 (8/99)

ASSOCIATION FINANCIAL GROUP, INC.

1181 SOUTH ROGERS CIRCLE, UNIT 1
BOCA RATON, FL 33487
1-800-326-7900 / FAX (561) 241-0621

November 4, 1999

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref: M39209

I spoke to one of your representatives today, and I am following his instructions.

The reason we did not file a 1999 Corporate Annual Report and pay the fee is because we did not receive an application to file the 1999 report.

Our application was mailed to Unit 6 and not to Unit 1. We are not friendly with firm in Unit 6. They probably threw it out. By chance we received the second notice.

We also spoke to your representative on October 14, 1999, and we were told to mail in the form we received on October 14, 1999, with a check for \$150.00.

Enclosed please find the application and the check for \$150.00.

I trust this will be satisfactory.

Very truly yours,



Harvey Oleck, V.P.

HO:dr