

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 23 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L27518

1. Corporation Name

AFP DESIGN & DRAFTING, INC.

L27518

2. Principal Office Address

2480 NW 115 AVE

Suite, Apt. #, etc.

3. Mailing Office Address:

2480 NW 115 AVE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33065

Country

BROWARD

Zip

33065

Country

BROWARD

**4. Date Incorporated or Qualified
To Do Business in Florida**

NOV. 2, 1989.

5. FEI Number

65-0154080

Applied For

☐ **Not Applicable**

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Agnes Pfleger

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

2480 NW 115 AVE.

Suite, Apt. #, Etc.

City

CORAL SPRINGS FL

State

FL

Zip Code

33065

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Agnes Pfleger
REGISTERED AGENT MUST SIGN

Date

4.19.01

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

Titles

**Name of
Officers and/or Directors**

**Street Address of Each
Officer and/or Director**

City / State / Zip

P

Agnes Pfleger

2480 NW 115 AVE

CORAL SPRINGS FL 33065

78

REINSTATEMENT 92-01

10. 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:

Agnes Pfleger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR president

Date

Daytime Phone #

4.19.01 954-753-9698