


2006 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|--|--|----------------------------|--|--|--|---|--|
| DOCUMENT # L32228 1. Entity Name AMERICAN FINANCIAL PRODUCTS, INC. | | | |  | | FILED 06 MAR 14 11:10:59 SEC TAL | |
| Principal Place of Business 1492 MALLARD LAKE AVE JACKSONVILLE, FL 32259 US | | | | Mailing Address 1492 MALLARD LAKE AVE JACKSONVILLE, FL 32259 US | | | |
| 2. Principal Place of Business 737 PEPPERVINE AVE | | | | 3. Mailing Address 737 PEPPERVINE AVE | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | |
| City & State JACKSONVILLE, FL | | | | City & State JACKSONVILLE, FL | | | |
| Zip 32259 | | Country ST JOHNS | | Zip 32259 | | Country ST JOHNS | |
| 4. FEI Number 59-2976450 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent YOUNG, JAMES N 1492 MALLARD LAKE AVE JACKSONVILLE, FL 32259 | | | | 7. Name and Address of New Registered Agent Name JAMES N. YOUNG Street Address (P.O. Box Number is Not Acceptable) 737 PEPPERVINE AVE. City JACKSONVILLE FL Zip Code 32259 | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE <i>James N Young</i> <small>Signature typed or printed name of registered agent and title if applicable.</small> | | | | JAMES N. YOUNG - PRESIDENT 3-10-06 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$900.00 | | | | DATE | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP PSD YOUNG, JAMES N. 1492 MALLARD LAKE AVE JACKSONVILLE, FL | | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP JAMES N. YOUNG PSD 737 PEPPERVINE AVE JACKSONVILLE, FL 32259 | | | |
| <input type="checkbox"/> Delete | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: <i>James N Young</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | JAMES N. YOUNG - PRESIDENT 3-10-06 <small>Date</small> | | | |
| | | | | 904-759-1854 <small>Daytime Phone #</small> | | | |

3-10-06

TO : DIVISION OF CORPORATIONS:

I AM WRITING THIS LETTER TO
ASK YOU IF YOU COULD PLEASE WAIVE
THE LATE FEES FOR FILING A LATE
ANNUAL REPORT. I MOVED APPROXIMATELY
18 MONTHS AGO AND I NEVER RECEIVED
THE YEARLY RENEWAL BY WAY OF MAIL.

SINCERELY YOURS

James H. Young - PRESIDENT