

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR -3 PM 3:11

DOCUMENT # **NO 2000007001**

**1. Corporation Name**

**American Financial Institute, Inc.**  
**A Florida Not-for-Profit Corporation**

**2. Principal Office Address**

**2415 Old St. Augustine Rd**  
Suite, Apt. #, etc. **#1124**

**City & State**

**Tallahassee, FL**

Zip **32301** Country **USA**

**3. Mailing Office Address**

**P.O. Box 4046**  
Suite, Apt. #, etc.

**City & State**

**Tallahassee, FL**

Zip **32315** Country **USA**

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

**9/13/2002**

**5. FEI Number**

☒ 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**

**Karl G. Lawrence**

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

**2415 Old St. Augustine Rd**

**Suite, Apt. #, Etc.**

**#1124**

**City**

**Tallahassee**

**State**

**FL**

**Zip Code**

**32301**

**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

**Karl G. Lawrence**

REGISTERED AGENT MUST SIGN

Date

**3/3/04**

**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
CEO	Karl G. Lawrence	2415 Old St. Augustine Rd Tallahassee, FL 32301	Tally, FL 32301
Treas	Fiona Purkiss	14482 S.W. 113th St.	Miami, FL 33186
Sec.	Merlene Purkiss	14482 S.W. 113th St.	Miami, FL 33186

**200030600582**  
**03/17/04--01028--003 \*\*122.50**

**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:**

**Karl G. Lawrence**

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**03/03/04**

Date

**305-490-5424**

Daytime Phone #

CR2E081 (9/01)