

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 22 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO2000007001**

1. Corporation Name

American Financial Institute

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

2119 Montebello Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

2119 Montebello Ct.

Suite, Apt. #, etc.

City & State

Tallahassee, FL 32317

Zip

32317

Country

USA

City & State

Tallahassee, FL

Zip

32317

Country

USA

7. Name and Address of Current Registered Agent

Name

Karl G. Lawrence

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

Montebello Court

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32317

4. Date Incorporated or Qualified
To Do Business in Florida

9/13/02

5. FEI Number

90-0065542

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 **1/22/08**

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	2119 Montebello Ct.	Tallahassee, FL 32317
TO	Fiona Parkiss	14482 S.W. 113th St.	Miami, FL 33186
S	Merlene Parkiss	14482 S.W. 113th St.	Miami, FL 33186
VC	Ira Bates	7882 Rael Court	Tallahassee, FL 32312

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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 contained in Chapter 119, 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

1/22/08

Date

305.490.5484

Daytime Phone #

06-08