

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JUN -7 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 103000000 689

1. Corporation Name
South Florida Association for
Financial Professionals Inc

100180987631
05/17/10--01060--010 **245.00

REINSTATEMENT 07-10

2. Principal Office Address - No P.O. Box # <u>25 West Flagler ST</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>25 West Flagler ST.</u> Suite, Apt. #, etc. <u>ATTN: Ian Schweid</u>	
City & State <u>Miami, FL</u>		City & State <u>Miami, FL</u>	
Zip <u>33130</u>	Country <u>USA</u>	Zip <u>33130</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>1/21/2003</u>	
5. FEI Number <u>550812983</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>Karl Diaz</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>9785 NW 29th TERR</u>		
Suite, Apt. #, Etc.		
City <u>Miami</u>	State <u>FL</u>	Zip Code <u>33172</u>

☒ 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.

Due to new address

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 [Signature] Date 3/24/10
REGISTERED AGENT MUST SIGN

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
TREAS	Karl Diaz	9785 NW 29th Terr Miami, FL 33172	<u>33172</u>
Pres	Ian Schweid	25 West Flagler ST	Miami, FL 33130
VP	Marie Kennedy	2600 SW 3rd Ave	Miami, FL 33129
Sec.	Hilda Irigoyen	777 Brickell Ave	Miami, FL 33131

10. E-mail Address: Karldiaz@bellsouth.net
(To be used for future annual report notification)

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. I further certify, 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] 3/24/10 305-577-7248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

100180987631
06/07/10--01041--027 **175.00