

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000012273		01 DEC -4 PM 6:26	
1. Corporation Name AFFORDABLE INSURANCE RESTORATION, INC.			
Principal Place of Business 3208-C E. COLONIAL DRIVE ORLANDO FL 32803-5121		Mailing Address 3208-C E. COLONIAL DRIVE ORLANDO FL 32803-5121	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	
4. Date Incorporated or Qualified To Do Business in Florida 01/31/2000		5. FEI Number 593622668	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	MALAFI, PWOTE	3208-C E. COLONIAL DRIVE	ORLANDO FL 32803
			700004721467--4
			-12/12/01--01086--020
			***158.75 ***158.75
8. Name and Address of Current Registered Agent MALAFI, PWOTE 3208-C E. COLONIAL DRIVE ORLANDO FL 32803-5121		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  Date 11/19/01 REGISTERED AGENT MUST SIGN			
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 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:  PWOTE MALAFI 11/19/01 407 296 7574 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E040 (8/01)

November 29, 2001

Division Of Corporations
Annual Report/Reinstatement Section
P.O.Box 6327
Tallahassee, FL 32314-6327

RE: Non- Receipt Of Previous Business Report

To Whom It May Concern,

We did not receive the previous Business report from the Division of Corporations. The Notice of Administrative Dissolution is the first and only correspondence we have received. This is our first year of filing and would like to stay a Florida Corporation and respectfully ask for reinstatement.

Sincerely,


Pwote Malafa, President