

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 10 PM 1:36

DOCUMENT # P0000 0069452

1. Corporation Name

American 1st Financial Services Group, Inc.

2. Principal Office Address

2408 Castletower Road

3. Mailing Office Address

Same

Suite, Apt. #, etc.

NA

Suite, Apt. #, etc.

NA

City & State

Tallahassee, FL

City & State

Same

Zip

32301

Country

USA

Zip

Same

Country

Same

4. Date Incorporated or Qualified

To Do Business in Florida 7/29/2000

5. FEI Number

59-3663471

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

Howard M. Tranor

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

2408 Castletower Road

Suite, Apt. #, Etc.

NA

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

Date

3/10/04

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
Chairm	Howard M. Tranor	2408 Castletower Road	Tallahassee, FL 32301
Pres	Howard M. Tranor	Same	Same
Sec	Howard M. Tranor	Same	Same

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 118.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04
Date

(850) 671-4328
Daytime Phone #

CR2E081 (01/04)