PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	REINSTATEMENT			DEPARTMENT OF STATE secretary of State			=	FILED 08 JUL 15 PM 2: 21				
DOCUMENT # P0000074069 1. Corporation Name AFH INVESTMENTS, INC.								SECRETARY OF STAIL TALLAHASSEE.FLORIDA				
АГПІ	INVESTIVIE	INTO, IINO.					ſ	400 1 17/15/08-	13296062 01014025 *	2 4 ¥\$00 00	ì	
2. Principal Office Address - No P.O. Box # 3. Mailing Of				ffice Address			-1	311 201 00	0101, 020		•	
				DENTAL DR.			ı	CR2E081 (12/07)				
Suite, Apt. #, etc. Suite, Apt.												
12th FLOOR 12th FLOO				\D			- F		orated or Qualified			
			12th FLOC City & State				<u>-L</u>	To Do Busii	ness in Florida 08/03	3/2008		
				NVILLE,FL			i	5. FEI Number Applied For				
Zip	JACKSONVILLE,FL Zip Country			VILLE,	Cour	ntrv	2628145				Not Applicabl	
32207	U.S.	•	32207		U.S.	•	- ['	6. CERTIFICATE	OF STATUS DESIRED		onal Fee requir	
32201			4.5.5.		****		╅					
Name	/ Na	me and Address o	T Current Hegis	tered Agei	nt	··· · · · · · · · · · · · · · · · · ·		_				
AL CLAF	RKE								instatement fee is i			
Street Address (P.O. Box Number is Not Acceptable)								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				
841 PRUDENTAL DR.												
Suite, Apt. #, Etc.												
12thFLOOR City State						Zip Code		fee be waived.				
JACKSONVILLE					FL 32207							
		rod agent of the obe	12 named come	ration am			a oblic	notions of postic	on 607.0505 or 617.0503, F	- 0	· · ·	
-		agent of the acc	ve hained culpu	mation, am	ıaıııııaı	willi aliu accept tir	IS ODING	gadons or socut	011007.0303 01 017.0303, 1	3.		
Signature of Registered Agent					7			Date 07/15/2008				
_		Fi	EGISTERED AG	RNT MUS	r Sign			-	· .			
9. Names	and Street Addresses	s of Each Officer an	d/or Director (Flo	orida nonpri	ofit comp	orations must list a	at leas	t 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip				
CEO	AL CLARKE			841 PRUDENTAL DR.					JACKSONVILLE,FL 32207			
CFO					841 PRUDENTAL DR.				JACKSONVILLE,FL 32207			
								, — 4 - = - 4		1-1		
	REINSTATEMENT			01-01			0	100132960401 7/15/0801014023 **236.00				
					· · · ·			3001	3296055	3		
							0)7/15/08-	-01014024 *	*500.00		

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 filling 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.

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