

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 15 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000074069

1. Corporation Name

AFH INVESTMENTS, INC.

400132960624
07/15/08--01014--025 **500.00

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

841 PRUDENTIAL DR.

Suite, Apt. #, etc.

12th FLOOR

City & State

JACKSONVILLE, FL

Zip

Country

32207

U.S.

3. Mailing Office Address

841 PRUDENTIAL DR.

Suite, Apt. #, etc.

12th FLOOR

City & State

JACKSONVILLE, FL

Zip

Country

32207

U.S.

CR2E081 (12/07)

4. Date Incorporated or Qualified

To Do Business in Florida

08/03/2008

5. FEI Number

262814595

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

AL CLARKE

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

841 PRUDENTIAL DR.

Suite, Apt. #, Etc.

12th FLOOR

City

JACKSONVILLE

State

FL

Zip Code

32207

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

REGISTERED AGENT MUST SIGN

Date 07/15/2008

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	AL CLARKE	841 PRUDENTIAL DR.	JACKSONVILLE, FL 32207
CFO	KERMIT HARDY	841 PRUDENTIAL DR.	JACKSONVILLE, FL 32207

REINSTATEMENT

B 7/15/08
DL-08

100132960401
07/15/08--01014--023 **236.00

300132960553
07/15/08--01014--024 **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 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.

AL CLARKE

07/15/2008