

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000074432

1. Corporation Name

AFM Financial Group Inc.

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

5311 NW 44 Avenue

Suite, Apt. #, etc.

N/A

City & State

Coconut Creek, Florida

Zip

33073

Country

Broward

3. Mailing Office Address

5311 NW 44 Avenue

Suite, Apt. #, etc.

N/A

City & State

Coconut Creek, Florida

Zip

33073

Country

Broward

7. Name and Address of Current Registered Agent

Name

Anthony F. Marco

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

5311 NW 44 Avenue

Suite, Apt. #, Etc

N/A

City

Coconut Creek

State

FL

Zip Code

33073

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

Anthony F. Marco

REGISTERED AGENT MUST SIGN

Date November, 13 2009

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
P	Anthony F. Marco	5311 NW 44 Avenue	Coconut Creek, FL 33073

10. E-mail Address: tony@afmfinancialgroup.com

(To be used for future annual report notification)

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:

Anthony F. Marco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/2009 954-840-6679

Date

Daytime Phone #

FILED

09 NOV 16 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200162843562
11/16/09--01028--015 **308.75

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

August 1, 2000

5. FEI Number

65-1057454

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.