

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 1:20

DOCUMENT # P00000089006

1. Corporation Name

A.F. AMERICA, INC.

Principal Place of Business

Mailing Address

5357 SW 67TH AVENUE
MIAMI FL 33155

5357 SW 67TH AVENUE
MIAMI FL 33155



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1045231

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FERNANDEZ, ANGEL A	5357 SW 67TH AVENUE	MIAMI FL 33155
			300004679693--1
			-11/14/01--01096--018
			****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERNANDEZ, ANGEL A
5357 SW 67TH AVENUE
MIAMI FL 33155

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

Date

10/22/01

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/01 (305) 491 2576

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A.F.AMERICA INC.
5357 SW 67th AVE
Miami, FL
33155

ATT: Department of State

As per our phone conversation I was informed to send this letter and a fee of \$150 since I never received any notice from the Department of State. Please reinstate my corporation as soon as possible. If you need any other information please call me at 305 491 2576.

Thank-you,

ALBY FERNANDEZ