

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -4 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P-01000013588*

1. Corporation Name

*APPROVED HOME FINANCE, INC.
7135 NW 179TH STREET #212
MIAMI, FL. 33015*

2. Principal Office Address

7135 NW 179TH STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 212

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

33015

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/2001

5. FEI Number

701865833

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

ALFRED CARL DONNE

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

7135 NW 179TH STREET

Suite, Apt. #, Etc.

SUITE 212

City

MIAMI

State

FL

Zip Code

33015

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

Alfred Cardonne

REGISTERED AGENT MUST SIGN

Date *10/07/06*

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
<i>P</i>	<i>ALFRED CARL DONNE</i>	<i>7135 NW 179TH STREET</i>	<i>MIAMI, FL. 33015</i>

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 119.07(3)(l), 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:

Alfred Cardonne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/07/06

Date

Daytime Phone #

K. Eckel OCT - 4 2006