

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR -7 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-03

DOCUMENT # P01000043160

1. Corporation Name
AMERICAN FINANCIAL ASSOCIATES, INC.

2. Principal Office Address
320 FLAMINGO RD.

Suite, Apt. #, etc.

234

City & State

Pembroke Pines, FL

Zip

33027

Country

USA

3. Mailing Office Address

320 FLAMINGO RD

Suite, Apt. #, etc.

234

City & State

Pembroke Pines, FL

Zip

33027

Country

USA

000013629790
03705/03--01053--014 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

5/1/01

5. FEI Number

65-1105325

☒ 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

YOLANDA D. PINON

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

4191 N.W. 199 Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33055

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

Yolanda D. Pinon

REGISTERED AGENT MUST SIGN

Date **3/3/03**

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	Yolanda D. Pinon	4191 N.W. 199 St	MIAMI, FL 33055
M	Ruben Pinon	4191 N.W. 199 St	M. Ami, FL 33055

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)(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:

Yolanda D. Pinon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03

Date

(286) 344-4356

Daytime Phone #

CR2E081 (10/02)

2/3/7