

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -9 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000046565

1. Corporation Name

AMERIFIRST, INC.

Principal Place of Business

2700 W CYPRESS CREEK RD
SUITE C101
FT LAUDERDALE FL 33309

Mailing Address

2700 W CYPRESS CREEK RD
SUITE C101
FT LAUDERDALE FL 33309

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

05/09/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1003776

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	BUDOWSKI, WALTER	2700 W CYPRESS CREEK RD SUITE C1	FT LAUDERDALE FL 33309
D	BUDOWSKI, KATHLEEN O	2700 W CYPRESS CREEK RD	FT LAUDERDALE FL 33309
			300025904843 12/31/03--01068--005 **758.75
			300025904843 01/09/04--01057--004 **150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name Walter Budowski
Street Address (P.O. Box Number is Not Acceptable)
2700 W Cypress Creek Rd
Suite, Apt. #, Etc. Suite C101
City Ft. Lauderdale State FL Zip Code 33309

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. or 617.0505, F.S.

Signature of
Registered Agent

Date 12/30/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/30/2003

954-973-3303

CR2E040 (7/03)