

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 19 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

PO1000103341

1. Corporation Name

AFTER FIFTY INC

2. Principal Office Address

1005 W State Rd 84

3. Mailing Office Address

1005 W State Rd 84

Suite, Apt. #, etc.

PO Box 120

Suite, Apt. #, etc.

PO Box 120

City & State

Ft. Lauderdale Fl

City & State

Ft. Lauderdale Fl

Zip

33315

Country

USA

Zip

33315

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01-01-2002

5. FEI Number

65-1148549

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

07-04

**7. Name and Address of Current Registered Agent**

Name

Daniel A Modas

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

1215 SE 2nd Avenue # 202

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State  
**FL**

Zip Code

33335

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

*Daniel A. Modas*

REGISTERED AGENT MUST SIGN

Date

4/12/04

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
PD	Sondra J Russo	1005 W State Rd 84 PO Box 120	Ft. Laud Fl 33315
VD	James R. Russo	1005 W State Rd 84 PO Box 120	Ft. Lauderdale Fl 33315

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:

*James R. Russo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*James R. Russo* 4/12/04 954-675-584