

PJ 192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 OCT 12 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000115718**

1. Corporation Name

ADVANCED FINANCIAL CORP.

2. Principal Office Address

1041 IVES DAYRY RD.

Suite, Apt. #, etc.

#139

City & State

Miami, FL.

Zip

33179

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/06/01

5. FEI Number

11-3648129

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

TERONICA L. BEHARRY

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

1041 IVES DAYRY RD.

Suite, Apt. #, Etc.

#139

City

Miami

State

FL

Zip Code

33179

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

Date

10/11/05

REGISTERED AGENT MUST SIGN

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/D.	TERONICA L. BEHARRY	1041 IVES DAYRY RD.	Miami FL. 33179

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/05 (305) 651-1599

Date

Daytime Phone #

CR2E081 (01/04)

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**ADVANCED FINANCIAL CORP.
1041 IVES DAYRY RD, SUITE # 139
MIAMI, FLORIDA 33179**

October 11, 2005

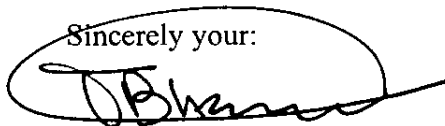
Division of Corporation
Uniform Business Report
P.O. Box 1500
Tallahassee, Fl 32302-1500

Gentlemen:

This letter is to inform you that we never received the original forms for Annual Report to be file for years 2004 and 2005 before May 1st, and neither the Note of Dissolution, because on the first months of year 2004 we were traveling in and out of Miami for business purposes, and must of our correspondence were lost in the mail. Also as you can see we change our address but the Post Office never forward the correspondence to the new address. I will appreciate very much if you accept the two (2) money orders attached in the amount of \$ 150.00 each as payment of the Corporation Uniform Business Report for year 2004 and 2005.

I thank you for your cooperation to resolve this matter.

Sincerely your:



Teronica L. Beharry
President