


#1,350.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 FEB 19 PM 1:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # <u>P01000117670</u>																																	
1. Corporation Name <u>A Financial Service Enterprise Inc</u>																																	
2. Principal Office Address - No P.O. Box # <u>1857 Wells Rd</u> Suite, Apt. #, etc. <u>Ste 210</u> City & State <u>Orange Park</u> Zip <u>32073</u> Country <u>Clay</u>		3. Mailing Office Address <u>1857 Wells Rd</u> Suite, Apt. #, etc. <u>Ste 210</u> City & State <u>Orange Park</u> Zip <u>32073</u> Country <u>Clay</u>		100170052641 02/22/10--01006--014 **1000.00 CR2E081 (11/09)																													
4. Date Incorporated or Qualified To Do Business in Florida <u>12/12/2001</u>				5. FEI Number <u>59-3744475</u>																													
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
7. Name and Address of Current Registered Agent Name <u>Grover D. Daniels</u> Street Address (P.O. Box Number is Not Acceptable) <u>3715 B Creswick Cir</u> Suite, Apt. #, Etc. City <u>Orange Park</u> State <u>FL</u> Zip Code <u>32065</u>				<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. 100170052641 02/22/10--01006--015 **350.00																													
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 <u>Grover D. Daniels</u> Date <u>2/12/2010</u> REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td><u>Pres</u></td><td><u>Grover D. Daniels</u></td><td><u>3715 B Creswick Cir</u></td><td><u>Orange Park FL 32065</u></td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	<u>Pres</u>	<u>Grover D. Daniels</u>	<u>3715 B Creswick Cir</u>	<u>Orange Park FL 32065</u>																				
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10. E-mail Address: <u>Grover.daniels2000@yahoo.com</u> (To be used for future annual report notification)																																	
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. I further certify, 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: <u>Grover D. Daniels</u> Date <u>2/12/2010</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #																																	