

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATION

06 SEP 28 PM 2:55

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000034634

1. Corporation Name

AFAB, INC.

2. Principal Office Address

1010 Seminole Dr

3. Mailing Office Address

same

Suite, Apt. #, etc.

1108

Suite, Apt. #, etc.

City & State

FT Lauderdale, FL

City & State

Zip  
33304

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/29/2002

5. FEI Number

030415355

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Matthew P. Dwyer

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

1010 Seminole Dr

Suite, Apt. #, Etc.

1108

City

Fort Lauderdale

State  
FL

Zip Code

33304

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 9/26/06

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
DPT	Matthew P. Dwyer	1010 Seminole Dr, 1108	FT Lauderdale, FL 33304
VP	Ann Zascavage	1010 Seminole Dr, 1108	FT Lauderdale, FL 33304

REINSTATEMENT 0506

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 contained in Chapter 119, 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

Matthew P. Dwyer

09/26/06

Date

954-323-2516

Daytime Phone #