

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

03 NOV 18 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000034634

1. Corporation Name

AFAB, INC.

Principal Place of Business

Mailing Address

1410 TUSCANY WAY  
BOYNTON BEACH FL 33435

1410 TUSCANY WAY  
BOYNTON BEACH FL 33435



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

1010 Seminole Dr  
Suite, Apt. #, etc.  
1108

1010 Seminole Dr  
Suite, Apt. #, etc.  
1108

City & State

City & State

Fort Lauderdale FL

Fort Lauderdale FL

Zip

Country

33304

USA

Zip

Country

33304

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/29/2002

5. FEI Number

Applied For

030415355

Not Applicable

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
CEOP	DWYER, MATTHEW P	1410 TUSCANY WAY 1010 Seminole Dr	BOYNTON BEACH FL 33435 Fort Lauderdale FL 33304

000024805070

11/18/03--01055--006 \*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DWYER, MATTHEW P  
1410 TUSCANY WAY  
BOYNTON BEACH FL 33435

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

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

REGISTERED AGENT MUST SIGN

Date 11/13/03

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 #

11/13/03 561-208-8101

CR2ED40 (7/03)

11/13/03

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399  
850-245-6059

Re: Annual Report

I being the sole officer of AFAB, Inc never received notice of the Annual Report to file. I only just received a copy of the reinstatement application. I spoke with a representative from your office and they told me to mail this with a copy of the Annual Report application for reinstatement plus a \$150.00 to file the Annual Report and \$8.75 a certified copy.

Thank you for your assistance with this request.



Matthew P. Dwyer, President