

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 25 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000039451

1. Corporation Name

AMERICAN AFFILIATED INCORPORATED

300104265563
06/12/07--01033--016 **1050.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

2001 NW 84th TER

Suite, Apt. #, etc.

3. Mailing Office Address

2001 NW 84th TER

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood FL

Zip

33024

Country

USA

Zip

33024

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

04/05/2002

5. FEI Number

☒ 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

McLean, Kelly B

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

2001 NW 84th TER

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33024

☐ 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.

605074

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

Kelly B McLean

REGISTERED AGENT MUST SIGN

Date 5/12/07

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
D	McLean, Kelly B.	2001 NW 84th TER	Hollywood FL 33024
D	McLean, Michael R	40 MCFARLAND RD	PINEHURST NC 28031

REINSTATEMENT

05-07

B 6/7/07

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:

Kelly B McLean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/07

Date

954-432-1513

Daytime Phone #