

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT -3 AM 8:00

DOCUMENT # PO2000107216

1. Corporation Name

A.F.S.S. Management, Inc.

2. Principal Office Address

1851 Northwest 125th Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 338

Suite, Apt. #, etc.

City & State

Pembroke Pines

City & State

Zip

FL

Country

33028

Zip

Country

**REINSTATEMENT**

100023554681

10/03/03--01089--004--\*\*158.25

4. Date Incorporated or Qualified  
To Do Business in Florida

10-03-02

5. FEI Number

13-4215183

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

Paul H. Smyth

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

1851 Northwest 125th Avenue

Suite, Apt. #, Etc.

Suite 338

City

Pembroke Pines

State

FL

Zip Code

33028

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

*Paul H. Smyth*

REGISTERED AGENT MUST SIGN

Date 9/29/03

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
Pres.	Paul H. Smyth	13852 NW 10th Court	Pembroke Pines, FL 33028

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:

*Paul H. Smyth*

Paul H. Smyth, Pres.

9/29/03

(954) 620-0039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE081 (10/02)

A.F.S.S. Management, Inc.  
1851 Northwest 125th Avenue  
Suite 338  
Pembroke Pines, FL 33028  
(954) 620-0039

September 29, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Gentlemen:

I recently went on line to provide my State documents to open my corporate bank account and realized that I never received the Annual Report for 2003.

I am therefore respectfully requesting reinstatement of my corporation and waiving of the penalties, due to the fact that I did not receive the Annual Report, nor did I realize my corporation was placed inactive due to this fact.

Attached please find my check in the amount of \$158.25 as well as the completed and signed "Corporation Reinstatement".

Your assistance in reinstating my corporation and waiving the late fees, etc. would be very greatly appreciated.

Should you need to speak with me, please call me at your convenience at: (954) 620-0039.

Respectfully,

A.F.S.S. Management, Inc.



Paul H. Smyth, Pres.

Enclosure: Corporation Reinstatement Form  
Check in amount of \$158.25