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
05 OCT -6 PM 3:57

DOCUMENT #

1. Corporation Name
Atlantic Franchise Group, Inc.

Document No. P03000041225

REINSTATEMENT 05

2. Principal Office Address	3. Mailing Office Address
777 East Atlantic Avenue	777 East Atlantic Avenue
Suite, Apt. #, etc. PMB-C383	Suite, Apt. #, etc. PMB-C383
City & State Delray Beach, Florida	City & State Delray Beach, Florida
Zip / Country 33483 / USA	Zip / Country 33483 / USA

4. Date Incorporated or Qualified To Do Business in Florida: April 11, 2003

5. FEI Number: 54-2107639 ☐ 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
David Floravanti

Street Address (P.O. Box Number is Not Acceptable)
777 East Atlantic Avenue

100080308187
10/06/05--01061--002 **75 .75

Suite, Apt. #, Etc.
PMB-C383

City: Delray Beach | State: FL | Zip Code: 33483

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 _____ REGISTERED AGENT MUST SIGN

Date October May 5, 2005

CR2E061 (01/05)

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
Dir	David Floravanti	777 East Atlantic Ave., PMB-C383	Delray Beach, Florida 33483
Pres	David Floravanti	777 East Atlantic Ave., PMB-C383	Delray Beach, Florida 33483
Sec	David Floravanti	777 East Atlantic Ave., PMB-C383	Delray Beach, Florida 33483

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: _____ 10/5/05 (860) 819-3378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #