

13172

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 FEB 13 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000058377

1. Corporation Name

AFM Services, Inc.

REINSTATEMENT 04-06

CR2E081 (12/05)

T. Roberts FEB 16 2006

2. Principal Office Address

13405 NW 5th Place

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Zip
33325

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

41-2097516

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
James D Falk

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

13405 NW 5th Place

700066128847

02/17/06--01018--004 **450.00

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33325

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 2/9/06

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
P	James D. Falk	13405 NW 5th Place	Plantation, FL 33325

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/06 954-835-9871
Date Daytime Phone #

11/2/06

**AFM SERVICES, INC.
13405 NW 5th Place
Plantation, FL 33325**

February 9, 2006

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

**Re: AFM SERVICES, INC. – Corporation Reinstatement
Document No. P03000058377
EIN No. 41-2097516**

Ladies and Gentlemen:

Our company was unable to file the appropriate documentation due to an incorrect mailing address, which meant we did not receive the 2004 through 2006 documentation for filing. Because of this situation, there was a delay in AFM Services, Inc.'s corporation filing.

We are writing this letter to you, to ask you waive the \$600 penalty due to the delay and adjust the filing fee to be \$450 to cover the filing period of 2004 through 2006.

Please find enclosed a check in the amount of \$450 to cover AFM Services, Inc.'s corporate filings. Thank you for your assistance in this regard, should you have any questions, please do not hesitate to let me know.

Sincerely,



James D Falk,
President

3/10/06
11:00AM
11:00AM