PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 JAN 24 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000156595

1. Corporation Name
American African Finance International of American Corp.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o Alan F. Gonzalez, Esquire	c/o Alan F. Gonzalez, Esquire
Suite, Apt. #, etc.: 601 Bayshore Blvd., Suite 720	Suite, Apt. #, etc.: 601 Bayshore Blvd., Suite 720
City & State: Tampa, Florida	City & State: Tampa,Florida
Zip: 33606 Country: USA	Zip: 33606 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida: 12/24/2003

5. FEI Number: 27-0093965 ☐ 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: Alan F. Gonzalez, Esquire

Street Address (P.O. Box Number is Not Acceptable): 601 Bayshore Blvd.

Suite, Apt. #, Etc.: Suite 720

City: Tampa State: FL Zip Code: 33606

800219416638
01/24/12--01028--016 **300.00

800219416638
01/24/12--01028--015 **350.00

800219416638
01/24/12--01028--014 **1000.00

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: _____ Date: 12/13/11
REGISTERED AGENT MUST SIGN

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	Moustapha Mbacke	110 West 111th Street, Apt. 24	New York, NY 10026

REINSTATEMENT

10. E-mail Address: agonzalez@walterslevine.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 12-14-2011 (813) 254-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #