

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 17 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 804000058432

1. Corporation Name

Alternative Foreclosure Solutions, Inc

~~W06 43652~~

2. Principal Office Address

490 Opa-Locka Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

11

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip
33054

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-16-05

5. FFL Number

27-0099039

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 05-06
CR2E081 (12/05)

200080361862
10/02/06--01043--009 **150.00

7. Name and Address of Current Registered Agent

Name
William Clark

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

4435 NW 73 Way

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

700081149627
10/24/06--01029--021 **150.00

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

William Clark

Date

9-28-06

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 |
|--------|--------------------------------------|---------------------------------------------------|---------------------|
| Pres | Marsha Vaughn | 11322 Michele Way | Hampton, GA 30228 |
| Sec | Karlyn Whitaker | 4709 Washington St | Hollywood, FL 33021 |
| Tres | Clarence Vaughn | 11322 Michele Way | Hampton, GA 30228 |
| | | | |
| | | | |
| | | | |

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:

Karlyn Whitaker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09-28-06

Daytime Phone #



**Alternative
Foreclosure
Solutions, Inc.**

*"Our Goal Is To Save Your
Livelihood"
Come In Today For A Free
Consultation*

490 Opa-Locka Blvd.
Suite 10
Opa-Locka, Florida
33054
Phone: (305) 688-5314
Fax: (305) 688-5948
Email: altforsol@bellsouth.net



20x2

September 28, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: LETTER OF NON- RECIEPT

Dear Sir or Madam,

I am requesting that the reinstatement fee be waived since I never received the Annual Report Notices in the year of dissolution.

I have a check enclosed in the amount of \$150.00 for the Annual Report Fee and the Corporate Supplemental Fee.

Thank you in advance for your assistance in this matter.

Sincerely,

Karlyn Whitaker

Karlyn Whitaker