## 2012 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P09000079763

Entity Name: AFLPGP, INC.

**FILED** Apr 30, 2012 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

391 NW SHEFFIELD CIR 36 HARBOUR ISLE DR.WEST PORT ST. LUCIE, FL 34983 US

305

FORT PIERCE, FL 34949

**Current Mailing Address: New Mailing Address:** 

391 NW SHEFFIELD CIR 36 HARBOUR ISLE DR.WEST PORT ST. LUCIE, FL 34983 US

305

FORT PIERCE, FL 34949 US

FEI Number: 27-1005131 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALBRECHT, KEVIN D ALBRECHT, KEVIN D 391 NW SHÉFFIELD CIR 36 HARBOUR ISLE DR., WEST PORT ST. LUCIE, FL 34983 US

FORT PIERCE, FL 34949 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KEVIN D. ALBRECHT 04/30/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

ALBRECHT, KEVIN D Name:

36 HARBOUR ISLE DR. WEST, #305 Address: City-St-Zip: FORT PIERCE, FL 34949 US

Title:

Name: ALBRECHT, KEVIN D

36 HARBOUR ISLE DR. WEST, #305 Address:

FORT PIERCE, FL 34949 City-St-Zip:

Title: Т

ALBRECHT, KEVIN D Name:

36 HARBOUR ISLE WEST, #305 Address: City-St-Zip: FORT PIERCE, FL 34949

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN D ALBRECHT **PRES** 04/30/2012