

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

04 APR -6 PM 3:18

DOCUMENT # P9400000564

1. Corporation Name

Augusta Financial Services, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

49 SW Seminole Street

Suite, Apt. #, etc.

Suite 101

City & State

Stuart, FL

Zip

34994

Country

USA

3. Mailing Office Address

49 SW Seminole Street

Suite, Apt. #, etc.

Suite 101

City & State

Stuart, FL

Zip

34994

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/4/94

5. FEI Number

59-3242635

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

Kevin Klier

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

49 SW Seminole Street

Suite, Apt. #, Etc.

Suite 101

City

Stuart, FL

State

FL

Zip Code

34994

300031866133  
04/05/04-01031-019 \*\*908.75

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

*Kevin Klier*

Date

4/2/04

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, S, T	Kevin Klier	49 SW seminole St #101	Stuart, FL 34994

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:

*Kevin Klier*

Kevin Klier, President

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04

CR2E081 (01/04)