

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P94000044081*

1. Corporation Name

A F Services of Tampa, Inc.

2. Principal Office Address 6914 E. Fowler Ave.		3. Mailing Office Address	
Suite, Apt. #, etc. Suite E		Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State	
Zip 33617	Country USA	Zip	Country

900003576589--1

-01/26/01--01059--001

****150.00 ****150.00

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-01/26/01--01059--002

****200.00 ****200.00

4. Date Incorporated or Qualified To Do Business in Florida 6/09/94	
5. FEI Number 042797185	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Gregory G. Aghoian,		
Street Address (P.O. Box Number is Not Acceptable) 4941 Ebensburg Drive,		
Suite, Apt. #, Etc.		
City Tampa	State FL	Zip Code 33647

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 12/4/00

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
PTS	Gregory G. Aghoian	6914 E. Fowler Ave, Ste E	Tampa, FL 33617

98-00 UBR 18

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:

Gregory G. Aghoian

12/4/00

813.983.9898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #