PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000055101

1. Corporation Name

AMERICAN FINANCIAL SERVICES, USA, INC.

Principal Place of Business

Mailing Address

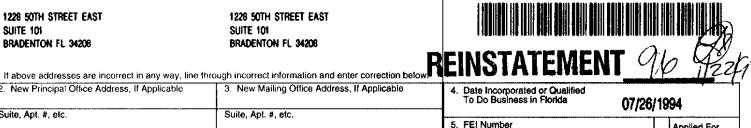
1228 50TH STREET EAST

SUITE 101 **BRADENTON FL 34208** 1228 50TH STREET EAST SUITE 101 **BRADENTON FL 34208**

FILED

97 JAN 22 PM 1:08

SECRETARY OF STATE TALLAHASSEE, FLORIDA



New Principal Office Address, If Applicable 3. New Maili				ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 07/26/1994		
Suite, Apt. #, etc. Suite, Apt. #, City & State City & State				etc.		5. FEI Number	5. FEI Number Applied For	
Zip Country Zip			Country		Not Applicable CERTIFICATE OF STATUS DESIRED			
7 \$10000	and Ctract Adv	dragger of Each Officer o	nd/or Director /Flo	rida naparatit a	ocnorations must list at le			
7. Names and Street Addresses of Each Officer and/or Director (Flor Name of Officers and/or Directors 2				Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numb		ch .	City / State / Zip	
P	- DUNCAN, CRAIG L			1228 50TH STREET EAST, SUITE 101		BRADENTON FL 34208		
P/S	Duncan, Melissa P.			1228 50th St. E. Suite#101		Bradenton, FL. 34208		
٧	Duncan, Craig L.			1228 50th St. E. Suito#101		Bradenton, FL. 34208		
T	James Robert Speelman			10404 Harvestime Place		Riverview, FL.	33569	
}_							·)28007 ****383.75
Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent Name_Neal LO'Toole E-squire			
LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134					Street Address 395 Suite, Apt. #, Et	st. 0 Toole & Saunders s (P.O. Box Number is Not Acceptable) South Central Avenue Itc. State Zip Gode		
10. I, bein	a appointed the	e registered agent of the	above named corpo	oration, am fan	niliar with and accept the		on 607.0505, F.S.	23830
Signature Registered	o!	C. C.		ENT MU ST SI			Date	
11. Do	oes this c	corporation pay	any intang 3. 199.032,	jible tax t Florida	to the Statutes. Yes	s 🗆 No 🔯	(See other side for on intangib	
12. I certify	that I am an o	officer or director or the re	ceiver or trustee er	mpowered to e	xecute this application as	provided for in cha	apter 607 or 617, F.S. I further cer	tify that when filing

this reinstalement 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.