

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.

FILED

97 JAN 22 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1228 50TH STREET EAST
SUITE 101
BRADENTON FL 34208

1228 50TH STREET EAST
SUITE 101
BRADENTON FL 34208

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0507328

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	DUNCAN, CRAIG L.	1228 50TH STREET EAST, SUITE 101	BRADENTON FL 34208
P/S	Duncan, Melissa P.	1228 50 th St. E. Suite #101	Bradenton, FL. 34208
V	Duncan, Craig L.	1228 50 th St. E. Suite #101	Bradenton, FL. 34208
T	James Robert Speelman	10404 Harvestime Place	Riverview, FL. 33569
/			
			408882867364 2 -01/24/97--01028--007 ***383.75 ***383.75

8. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Neal L. O'Toole Esquire
Frost, O'Toole & Saunders
Street Address (P.O. Box Number is Not Acceptable)
395 South Central Avenue
Suite, Apt. #, Etc.
City Bartow State FL Zip Code 33830

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/96
Date

(941)
742-3908
Daytime Phone #