PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUL 27 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000055344

1. Corporation Name: AMERICAN FAMILY SERVICES CORP.

Principal Place of Business / Mailing Address:
813 E. Bloomingdale AVE, #240
BRANDON, Fl. 33511

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
N/A	AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: July 27, 1994

5. FEI Number: 59-3267095 ☐ Applied For ☐ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	Michael Crudele, President	813 E. Bloomingdale AVE, #240	BRANDON, Fl. 33511
SEC/TRES	Sheila Crudele	" "	" "
PLEASE ADD			
DIR	Rocco Crudele	813 E. Bloomingdale AVE, #240	BRANDON, Fl. 33511

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***1200.00 ***1200.00

REINSTATEMENT 95-98 SL 7-27-98

8. Name and Address of Current Registered Agent

AS STATED →

9. Name and Address of New Registered Agent

Name: Michael Crudele
Street Address (P.O. Box Number Is Not Acceptable): 813 E. Bloomingdale AVE, #240
Suite, Apt. #, Etc:
City: BRANDON State: FL Zip Code: 33511

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: [signature] Date: 7/20/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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] Michael J. Crudele 7/20/98 (813)684-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT