

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL 20 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000065330

1. Corporation Name

AMERICO FINANCIAL INVESTMENTS, INC.

2. Principal Office Address

5434 W. Sample Road

Suite, Apt. #, etc.

Suite 289

City & State

Margate, FL

Zip

33073

Country

USA

3. Mailing Office Address

5434 W. Sample Road

Suite, Apt. #, etc.

Suite 289

City & State

Margate, FL

Zip

33073

Country

USA

REINSTATEMENT

96-00

4. Date Incorporated or Qualified To Do Business in Florida

9/06/94

5. FEI Number

65-0521127

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

M. ADAM DHANJI

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

8222 Wiles Road, #124

Suite, Apt. #, Etc.

#124

City

Coral Springs

State

FL

Zip Code

33067

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-08/08/00--D1080--008
***1350.00 ***1350.00

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

M. Adam Dhanji
REGISTERED AGENT MUST SIGN

Date 7/18/00

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	M. ADAM DHANJI	8222 Wiles Road, #124	Coral Springs, FL 33067

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: *M. Adam Dhanji*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 18, 2000

Date

(954) 698-9883

Daytime Phone #

CR2E081 (9/99)