

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING **APPROVED AND FILED**

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1997 FEB 21 AM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087524

1. Corporation Name

Afryim II, Inc.

Mailing Address

Principal Place of Business

~~333 W. Camino Gardens Boulevard #200~~
Boca Raton, Florida 33432

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

555 S. Federal Hwy.

555 S. Federal Hwy.

12/2/94

Suite, Apt. #, etc.
Suite 350

Suite, Apt. #, etc.
Suite 350

5. FEI Number

Applied For

City & State
Boca Raton, FL

City & State
Boca Raton, FL

65-0538333

Not Applicable

Zip Country
33432 USA

Zip Country
33432 USA

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 |
|---------------|---|--|--|
| P/S/ | Fredric D. Newman | 555 S. Federal Hwy. Suite 350 | Boca Raton, FL 33432 |
| | | | 900002096359-2 -02/25/97--01039--009 ***1080.00 ***1080.00 |
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REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Lloyd Granet, Esquire

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

5200 Town Center Circle #301

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

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 1/24/97

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

1/24/97 (561) 347-3400
Date Daytime Phone #

CR20040 (6/94)