

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 # P95000012641

1. Corporation Name

Associated Funding Services, Inc.

FILED

98 MAY 21 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4200 N.W. 16th Street
Penthouse A
Lauderhill, FL 33313

4200 N.W. 16th Street
Penthouse A
Lauderhill, FL 33313

REINSTATEMENT

96-98

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Same

3. New Mailing Office Address, If Applicable
Same

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

City & State

N/A

N/A

Zip

Country

Zip

Country

N/A

N/A

N/A

N/A

5. FEI Number

65-0560255

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)

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
	Clare Sawchuk (Director)	4200 N.W. 16th Street Penthouse A	Lauderhill, FL 33313

900002536999-3
-05/27/98--01087--003
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Clare A. Sawchuk - 4200 N.W. 16th Street
Lauderhill, FL 33313

Name

Jeffrey A. Licker

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

4200 N.W. 16th Street

Suite, Apt. #, Etc.

Penthouse A

City

Lauderhill

State

FL

Zip Code

33313

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

REGISTERED AGENT MUST SIGN

Date

5/19/98

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:

Clare A. Sawchuk

5/13/98

954-730-2104