

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 18 AM 9:58

DOCUMENT # P95000083965

1. Corporation Name

AMERICAN FEDERAL EQUITIES, INC.

Principal Place of Business

Mailing Address

4347-10 UNIVERSITY BOULEVARD SOUTH  
JACKSONVILLE FL 32216

4347-10 UNIVERSITY BOULEVARD SOUTH  
JACKSONVILLE FL 32216



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/30/1995

5. FEI Number

59-3349812

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 3	City / State / Zip 4
D	SLEIMAN, PETER D	4347-10 UNIVERSITY BOULEVARD SOU	JACKSONVILLE FL 32216

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HEEKIN, ROBERT A  
4347-10 UNIVERSITY BOULEVARD SOUTH  
JACKSONVILLE FL 32216

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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]*

REGISTERED AGENT MUST SIGN

Date 10/15/99

11. 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

*Peter Sleiman*

10/15/99

Date

904 731 8806

Daytime Phone #

***American Federal Equities, Inc.***

4347-10 University Boulevard South  
Jacksonville, Florida 32216  
Telephone (904) 731-8806  
Fax (904) 731-1109

*Via UPS Overnight*

October 15, 1999

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Reinstatement of American Federal Equities, Inc.

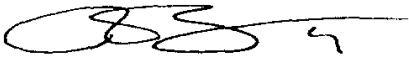
Dear To Whom It May Concern:

As per my Telephone conversation with Stacy in the Reinstatement Department, Please find enclosed the following:

Reinstatement Form for the above referenced corporation  
A copy of the Check For Filing Fees Dated 4/26/99, The check was voided out of system as of today 10/15/99  
A Check to replace the lost check for the amount of \$150.00

Please reinstate the above referenced corporation. If you have any questions, please contact our office. Thank you for your prompt assistance in this matter.

Sincerely,



Robbi Bott

RB/  
Enclosures:

RB0631