

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 18 AM 8:00

DOCUMENT # P96000029266

1. Corporation Name

American Financial Trust, Inc

REINSTATEMENT 00-03

2. Principal Office Address

5750 Major Blvd

Suite, Apt. #, etc.

Suite 125

City & State

Orlando, FL

Zip

32819

Country

USA

3. Mailing Office Address

Box 72401

Suite, Apt. #, etc.

City & State

Windermere FL

Zip

34786

Country

USA

900023177269

09/18/03--01076--001 **1200.00

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1996

5. FEI Number

65-0676876

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

Courte, Louis

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

5750 Major Blvd

Suite, Apt. #, Etc.

Suite 125

City

Orlando

State

FL

Zip Code

32819

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

Sept 11/03

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
D	COORTE, LOUIS	5750 Major Blvd, Ste 125	Orlando, FL 32819

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sept 11/03

Daytime Phone #

407-352-2201

CR2ED01 (11/02)