

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 AUG 28 AM 8:00

DOCUMENT # 59-3423281 P-96000093448

1. Corporation Name

Financial Affiliates II, INC.

2. Principal Office Address

3095 S. AIA

Suite, Apt. #, etc.

Suite A

City & State

Melbourne Beach FL

Zip

32951

Country

USA

3. Mailing Office Address

PO BOX 411492

Suite, Apt. #, etc.

City & State

Melbourne FL

Zip

32941-1492

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

December 28, 1995

5. FEI Number

59-3423281

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

Keith Dusenberry

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

3095 S AIA Suite A

Suite, Apt. #, Etc.

Melbourne Beach

City

000022636970

08/28/03--01072--008 **30 .00

State

FL

Zip Code

32951

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

Keith Dusenberry

REGISTERED AGENT MUST SIGN

Date 8-21-03

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
PRES.	Keith Dusenberry	3095 S AIA Suite A	Melbourne Beach, FL

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:

Keith Dusenberry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-03

Date

321-266-1076

Daytime Phone #

CR2E081 (10/02)

***Financial AffiliatesII, Inc.
P.O. Box 411492
Melbourne, Florida 32941
Phone: (321) 266-1036***

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

August 21st 2003

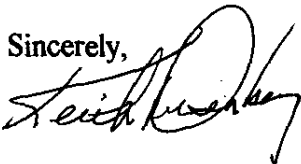
CORPORATION REINSTATEMENT

To whom it may concern,

I have attached my application for reinstatement of Financial Affiliates II, Inc. Document Number 59-3423281; in addition to a check in the amount of \$300.00 for the reinstatement fee.

I respectfully request that you waive any additional amount regarding the fee since I have no record of any notice sent to me from the Division of Corporations for year 2002.

Sincerely,



Keith Dusenberry
President