

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 17 PH 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000101465

1. Corporation Name

AFAFAF, Inc.

2. Principal Office Address

2990 N.W. 24th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

Miami-Dade

3. Mailing Office Address

c/o Leslie Alan Rozencwaig, P

Suite, Apt. #, etc.

1 S.E. 3rd Ave., Suite 960

City & State

Miami, FL

Zip

33131

Country

Miami-Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/16/1996

5. FEI Number

65-0743275

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

Leslie Alan Rozencwaig, Esq.

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

1 S.E. 3rd Avenue

Suite, Apt. #, Etc.

Suite 960

City

Miami

State

FL

Zip Code

33131

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

Leslie Alan Rozencwaig

REGISTERED AGENT MUST SIGN

Date

10/13/03

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
PD	Flores, Hector	2990 N.W. 24th Street	Miami, FL 33142
SD	Flores, Danny	2990 N.W. 24th Street	Miami, FL 33142

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HECTOR FLORES

10/13/03

CR2E081 (10/02)