

PLEASE READ ALL INSTRUCTIONS BEFORE COM

APPLICATION
FOR
REINSTATEMENT



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

FILED
Mar 11, 2002 8:00 am
Secretary of State

DOCUMENT # P96000102448

1. Corporation Name

AFY ENTERPRISES, INC.

Principal Place of Business

1345 MAIN ST
SARASOTA FL 34236
US

Mailing Address

3203 LITTLE COUNTRY RD
PARRISH FL 34219
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 01-02



06/14/01 90012 036 \$150.00

4. Date incorporated or Qualified
To Do Business in Florida

12/19/1996

5. FEI Number

65-0714862

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
P	YEARICK, ALLEN F	3203 LITTLE COUNTRY ROAD	PARRISH FL 34219

4000005145484--7
-03/22/02--01025--004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~YEARICK, ALLEN~~
~~3203 LITTLE COUNTRY RD~~
~~PARRISH FL 34219~~

9. Name and Address of New Registered Agent

Name
TED FRENCH
Street Address (P.O. Box Number is Not Acceptable)
2033 MAIN Street
Suite, Apt. #, Etc.
SUITE 304
City
SARASOTA

State
FL

Zip Code
34237

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 **MARCH 5, 2002**

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 REQUIRED
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/01
Date

941
362 4427
Daytime Phone #

CR2E040 (8/01)