

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 24 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000102448

1. Corporation Name

AFV Enterprises, Inc.

2. Principal Office Address

1345 Main Street

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34236

Country

USA

3. Mailing Office Address

3203 LITTLE COUNTY Rd

Suite, Apt. #, etc.

City & State

PARRISH, FL

Zip

34219

Country

USA

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. Name and Address of Current Registered Agent

Name

ALLEN F. YEARRICK

500006847585

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

3203 LITTLE COUNTY Rd

-08/01/02--01020--006

****750.00 ****750.00

Suite, Apt. #, Etc.

City

PARRISH

State

FL

Zip Code

34219

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]

Date 7-22-02

REGISTERED AGENT MUST SIGN

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
P	ALLEN F. YEARRICK	3203 LITTLE COUNTY Rd	PARRISH FL 34219

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

7/22/02

Daytime Phone #

941 362 4427

CR2E081 (9/01)

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