

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000006666

1. Corporation Name

AGS Financial Services, Inc.

APPROVAL
AND
FILED

03 JUL -9 PM 7:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800021999198
08/04/03--01006--016 **1508.75

REINSTATEMENT 98-03

2. Principal Office Address

15645 NW 12TH CT.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33028

Country

USA

3. Mailing Office Address

15645 NW 12TH COURT

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33028

Country

USA

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

01/22/1997

5. FEI Number

☒ 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

JACK A. BROOKNER, JR.

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

15645 NW 12TH COURT

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33028

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

Jack A Brookner Jr

REGISTERED AGENT MUST SIGN

Date 07/04/2003

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 |
|---------------|--------------------------------------|--|--------------------------|
| CHAIRMAN | JACK A. BROOKNER | 15645 NW 12TH CT. PEMBROKE PINES, FL | PEMBROKE PINES, FL 33028 |
| PRESIDENT | NADIA BROOKNER | SAME AS ABOVE | SAME AS ABOVE |
| VICE PRES. | GEORGE HOWARD | 1150 W. WILSHIRE CIRCLE PEMBROKE PINES, FL 33027 | |
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| | | | |

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:

Jack A Brookner Jr - JACK A. BROOKNER, JR.

Date

07/04/2003

Daytime Phone #

442-4354
954-4424354