

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -1 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/01/04--01025--001 **1208.75

DOCUMENT # P97000017246

1. Corporation Name

AFFORDABLE/SOUTHFORK, INC.

2. Principal Office Address

340 ROYAL POINCIANA WAY

3. Mailing Office Address

340 ROYAL POINCIANA WAY

Suite, Apt. #, etc.

SUITE 305

Suite, Apt. #, etc.

SUITE 305

City & State

PALM BEACH, FL

City & State

PALM BEACH, FL

Zip

33480

Country

USA

Zip

33480

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

24 February 1997

5. FEI Number
593439919

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

JENKINS, JAMES C.

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

340 ROYAL POINCIANA WAY

Suite, Apt. #, Etc.

SUITE 305

City

PALM BEACH

State
FL

Zip Code
33480

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

REGISTERED AGENT MUST SIGN

Date 31 March 2004

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	STRAKA, CHRISTOPHER J.	1103 W. HIBISCUS BLVD.	MELBOURNE, FL 32901
V	JENKINS, JAMES C.	340 ROYAL POINCIANA WAY #305	PALM BEACH, FL 33480

REINSTATEMENT 01-04

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

James C. Jenkins

31 March 2004 (561) 833-4211

Date

Daytime Phone #

CR2E081 (01/04)