PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION ( CORPORATIONS

00 MAR -7 AM II: 10

## DOCUMENT # P9700036098

1. Corporation Name

AMERICAN FINANCIAL CAPITAL SERVICES, INC.

Principal Place of Business

Mailing Address

3069 N.W. 25TH WAY BOGA RATON FL 33432 3069 N.W. 25TH WAY 80CA RATON FL 33432

if above a	addresses are inc	correct in any way, line th	rough incorrect in	formation a	nd enter o	correction be	elow.	rims'	TATEMENT	44-00	
					ng Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     04/23/1997			
Suite, Apt. #, etc. Suite, Apt. #,				etc.				5. FEI Number Applied For			
City & State City & Sta				)				65-0746406		Not Applicable	
Zip Country			Zip Country					6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Addre	esses of Each Officer and	I/or Director (Flor	rida nonpro	fit corpora	tions must l	ist at lea	st 3 directors)			
Title(s)	s) Name of Officers and/or Directors 2			Street Address of Eac Officer and/or Director							
D	BAETZOLD, DONALD M			3069 N.W. 25TH WAY				BOCA RATON FL 33432			
מ	BAE	TZO40,1	DONALO	3	569	NW	25	YAW ?	BOCA RA	TON, FL	
		•			,					3343	
		3000031704338 -03/15/0001012009- <b>1</b>									
			·		-	·				*****900.00	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent					
1						Name -	Name BAETZOLD, DONALD M				
BAETZOLD, DONALD M 3069 N.W. 25TH WAY BOCA RATON FL 38432 3383					Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.						
ZIP CODE CHANGE					,	City BOCA RATON State Zip Gods 4 34					
10. I, being Signature o Registered	g appointed the r	egistered agent of the ab	ove named corpo	iration, am	amiliar wi	th and acce	pt the ol	bligations of Sect	~ ! . !	00	
11. I certify	/ that I am an offi	cer or director or the rece	iver or trustee en	prowered to	execute	this applica	tion as p	rovided for in cha	apter 607 or 617, F.S. I further ce of section 607.0401 or 617.040	rtify that when filing	

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

VALD BAETZOLD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

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