

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 22 PM 1:53

DOCUMENT # *p97000076556*

1. Corporation Name

AMERICAN FOREST PRODUCTS INC

500003623215--0
-02/01/01--01084--007
***1208.75 ***1208.75

2. Principal Office Address

4317 EL MIR DR

Suite, Apt. #, etc.

City & State

CAUDERDALE BY THE SEA

Zip

33308

Country

BROWARD

3. Mailing Office Address

140 SHORELINE CIR

Suite, Apt. #, etc.

#479

City & State

SAN RAMON, CA

Zip

94583

Country

CONTRIA COSTA

REINSTATEMENT

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

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

IVAN NATHLIK

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

4317 EL MIR DR

Suite, Apt. #, Etc.

City

CAUDERDALE BY THE SEA

State
FL

Zip Code

33308

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]

REGISTERED AGENT MUST SIGN

Date *01/10/2001*

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
PRES	IVAN NATHLIK	4317 EL MIR DR	CAUDERDALE BY THE SEA - FL 33308
SEC	ANNA OMONOWSKA	140 SHORELINE CIR. #479	SAN RAMON CA. 94583
			AD

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

IVAN NATHLIK

Date

01/10/2001

Daytime Phone #

7353590

CR2E081 (9/99)