

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 DEC 27 PM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000076556**

1. Corporation Name

AMERICAN FOREST PRODUCTS INC

Principal Place of Business

4317 EL MAR DRIVE
LAUDERDALE BY THE SEA FL 33308

Mailing Address

140 SHORELINE CIR
#479
SAN RAMON CA 94583

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/1997

5. FEI Number

65-1080072

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|---|
| P | NAHLIK, IVAN | 4317 EL MAR DRIVE | LAUDERDALE BY THE SEA FL 33308 |
| S | OKONOWSKI, ANNA | 140 SHORELINE CIR., #479 | SAN RAMON CA 94583 |
| | | | 100004880201--0 -02/05/02--01042--008 ****750.00 ****750.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

NAHLIK, IVAN
4317 EL MAR DRIVE
LAUDERDALE BY THE SEA FL 33308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/10/2001

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/2001

Daytime Phone #

CR2040 (8/01)

Form **SS-4**(Rev. February 1998)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN **65-1080072**

OMB No. 1545-0003

| | | |
|-------------------------------|--|---|
| Please type or print clearly. | 1 Name of applicant (legal name) (see instructions) AMERICAN FOREST PRODUCTS INC. | |
| | 2 Trade name of business (if different from name on line 1) SAME AS ABOVE | 3 Executor, trustee, "care of" name IVAN NAHLIK |
| | 4a Mailing address (street address) (room, apt., or suite no.) 140 SHORELINE CIR. #479 | 5a Business address (if different from address on lines 4a and 4b) 4817 ELMAR DR. |
| | 4b City, state, and ZIP code SAN RAMON CA, 94583 | 5b City, state, and ZIP code LAUDERDALE BE THE SEA, FL 33308 |
| | 6 County and state where principal business is located CONTRA COSTA | |
| | 7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► 104-94-0941 IVAN NAHLIK | |

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input checked="" type="checkbox"/> Other corporation (specify) ► CORPORATION |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable) |
| <input type="checkbox"/> Other (specify) ► | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated State **FLORIDA** Foreign country

- 9 Reason for applying (Check only one box.) (see instructions)
- | | |
|---|--|
| <input checked="" type="checkbox"/> Started new business (specify type) ► DEVELOPMENT / CONSTRUCTION | <input type="checkbox"/> Banking purpose (specify purpose) ► |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ► |
| <input type="checkbox"/> Created a pension plan (specify type) ► | <input type="checkbox"/> Purchased going business |
| | <input type="checkbox"/> Created a trust (specify type) ► |
| | <input type="checkbox"/> Other (specify) ► |

10 Date business started or acquired (month, day, year) (see instructions) **NEW!** 11 Closing month of accounting year (see instructions)12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **6/30/2001**13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) Nonagricultural **2** Agricultural Household14 Principal activity (see instructions) ► **LAND DEVELOPMENT**15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►16 To whom are most of the products or services sold? Please check one box. ☒ Business (wholesale) ☐ N/A
☒ Public (retail) ☐ Other (specify) ►17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application. If different from line 1 or 2 above.
Legal name ► Trade name ►17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

AMERICAN FOREST PRODUCTS INC. (925) 735-3690
PRESIDENT (925) 735-3691

Name and title (Please type or print clearly) ►

Signature ►  Date ► **02/26/2001**

Note: Do not write below this line. For official use only.

| | | | | | |
|----------------------|------|------|-------|------|---------------------|
| Please leave blank ► | Geo. | Ind. | Class | Size | Reason for applying |
|----------------------|------|------|-------|------|---------------------|