

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
00 SEP 17 PM 12:20

DOCUMENT # **P98000081405**

1. Corporation Name

**AMERICAN ELECTRONIC FINANCIAL
SERVICES, INCORPORATED**

2. Principal Office Address

15205 S.W. 72nd Court

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FLORIDA

Zip

33157

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

City & State

SAME

Zip

SAME

Country

SAME

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/98

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

JAMES E. MIDDLETON

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

15205 S.W. 72nd COURT

Suite, Apt. #, Etc.

N/A

City

MIAMI, FLORIDA

State
FL

Zip Code
33157

100003384801-0

-09/07/00--01013--019

******900.00 ****900.00**

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

J. E. Middleton

REGISTERED AGENT MUST SIGN

Date

8-8-00

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.	JAMES E. MIDDLETON	15205 S.W. 72nd Court	Miami, Fl 33157
			LS

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:

J. E. Middleton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-8-00

Daytime Phone #

(305) 798-7064