

APPROVED
95-1764-4996
FILED

2 / 2

H02000135563

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 MAY -9 PM 12:28

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000097370

1. Corporation Name

American Funding Specialists, Inc.

2. Principal Office Address

299 Camino Gardens Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.
#207

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33432

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

11/19/98

5. FEI Number

65-0876485

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

Thomas O. Katz

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

200 East Broward Boulevard

Suite, Apt. #, Etc.

Suite 1500

City

Fort Lauderdale

State
FL

Zip Code

33301

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 5-8-02

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
D,P	Miriam Rice	299 Camino Gardens Boulevard #207	Boca Raton, FL 33432

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:

Miriam Rice, President 5/8/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miriam Rice, President

Date

Daytime Phone #

H02000135563

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954)527-2428
Fax Number : (954)764-4996

CORPORATION REINSTATEMENT

AMERICAN FUNDING SPECIALISTS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75