PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING TH FILED DIVISION OF CORPORATIONS 00 OCT 31 PH 3: 28 P99000023764 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name CENTRAL FLORIDA A.F.S., INC. Mailing Address Principal Place of Business 4011 W. KENNEDY BLVD. 4011 W. KENNEDY BLVD. TAMPA FL 33612 . **TAMPA FL 33612** 79/18/00 90041 047 \$150 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 3901 W. Kennedy Bu Date Incorporated or Qualified To Do Business in Florida 411 03/08/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable FL FL Tampa TA Country Zip CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director City / State / Zip and/or Directors Title(s) W. Kernedy BLUD TA PA FL 33609 PD SP 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Koehler GIBBS, B. GRAY Street Address (P.O. Box Number is 100 2ND AVE. SOUTH, SUITE 704 Suite, Apt. #, Etc ST. PETERSBURG FL 33701 Zip Code 33606 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 REGISTERED AGENT MUST SIGN 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 filling 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. OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KOEHLER & COMPANY** 

P8292

A PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

MEMBERS OF THE AMERICAN INSTITUTE AND THE FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS TELEPHONE (813) 258-1272 FACSIMILE (813) 258-2422 WEB SITE: WWW.CPA-TAMPA.COM E-MAIL: KOEHLER@CPA-TAMPA.COM

October 27, 2000

Florida Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Central Florida A.F.S., Inc.

2000 Corporation Annual Report / Uniform Business Report

Document Number: P99000023764

To Whom It May Concern:

This is in response to your notice dated September 19, 2000 (original enclosed). Attached is the original form for Application for Reinstatement for the Annual Report/Uniform Business Report which was been completed by the taxpayer. The annual report was previously filed with the Florida Department of State on September 13, 2000 with a payment in the amount of \$150.00. However, it was returned because the report did not provide a Employer's Identification Number. We have completed the EIN on the Application for Reinstatement.

As the taxpayer previously stated in their previous correspondence, they did not receive the original annual report and as a result, should not be subject to the penalties. We ask that you immediately process this enclosed application and reinstate the above referenced corporation without delay or penalties.

If you have any questions, please do not hesitate to contact me at (813) 258-1272.

Very Truly Yours,

Keith W. Koehler

cc: Central Florida A. F. S., Inc.