PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 28 AM 8:16

DOCUMENT # P99000092851

1. Corporation Name

AMERICAN FINANCIAL GROUP, INC.

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
15500 Roosevelt Blvd.	15500 Roosevelt Blvd
Suite, Apt. #, etc. Suite 104	Suite, Apt. #, etc. Suite 104
City & State Clearwater, FL	City & State Clearwater, FL
Zip 33760 Country USA	Zip 33760 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/18/1999

5. FEI Number 59-607127 ☐ 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: Mark A. Kerrutt

000037331690
05/26/04--01022--004 **308.99

Street Address (P.O. Box Number is Not Acceptable): 15500 Roosevelt Blvd., Suite 104

Suite, Apt. #, Etc.:

City: Clearwater | State: FL | Zip Code: 33760

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 _____ Date 05/17/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	Mark A. Kerrutt	15500 Roosevelt Blvd.Ste 104	Clearwater, FL 33760

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: _____ 05/17/04 727-479-0112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #