PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 AUG 27 PM 3:46

CORPORATION

2010 AR

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000092851

1. Corporation Name

American Financial Group Companies, Inc

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
15500 Roosevelt Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 102			
City & State		City & State	
Clearwater Fl			
Zip	Country	Zip	Country
33760	USA	33760	

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida 10/18/99

5. FEI Number 59-3607127 ☐ 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 Kerrutt

Street Address (P.O. Box Number is Not Acceptable): 2994 Cielo Circle

Suite, Apt. #, Etc.:

City: Clearwater State: FL Zip Code: 33759

300184790373
08/30/10--01002--001 **150.00

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 _____ Date 8/27/10

REGISTERED AGENT MUST SIGN

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	Mark A Kerrutt	2994 Cielo Circle	Clearwater Fl 33759

10. **E-mail Address:** _____
(To be used for future annual report notification)

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, I further certify that information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ PRESIDENT 8/27/10 727-479-0112

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

8/27