

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR -7 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S92624

1. Corporation Name

AMERICAN EAGLE FINANCIAL CORP.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
310 S.W. 8th ST.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33315

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

91001

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/91

SP

5. FEI Number

870404639

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DA	JOEL MARTINEZ	1969 E. PARTRIDGE DR.	SALT LAKE CITY, UT 84121
DST	ROSS E. PORTER	558 E. 800 So.	OREM, UT 84058
			900003828909--7 03/03/01--01116--005 ***1350.00 ***1350.00
			900003828909--7 03/03/01--01116--006 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

ALAN STRAUSS
2761 VILLAGE BLVD. #206
WEST PALM BEACH, FL 33409

9. Name and Address of New Registered Agent

Name

HEATHER SWAFFORD

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

310 S.W. 8th STREET

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33315

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

Heather Swafford

REGISTERED AGENT MUST SIGN

Date 12/10/00

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

11-15-00

Daytime Phone #

508-0210

CR2E040 (12/96)