

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

09 APR 20 PM 3: 30


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B 4/20/09

**REINSTATEMENT** 01-09

CR2E081 (12/08)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000003600

1. Corporation Name  
  
The American Opportunity Foundation, Inc.

2. Principal Office Address - No P.O. Box # 600 Galleria Pkwy		3. Mailing Office Address Same	
Suite, Apt. #, etc. Suite 1660		Suite, Apt. #, etc.	
City & State Atlanta		City & State	
Zip 30339	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 07/17/1996

5. FEI Number 58-1533966 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  
Jeffrey Sharkey

Street Address (P.O. Box Number is Not Acceptable)  
106 E. College Ave

Suite, Apt. #, Etc.  
Suite 640

City Tallahassee State FL Zip Code 32301

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Jeffrey Sharkey Date 4/18/09

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
	See Attached		

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 contained in Chapter 119, 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: Philip J. Kennedy Philip J. Kennedy, President Date 04/17/2009 (770) 933-2262

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

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04/20/09 01046-014 \*\*735.00

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American Opportunity Foundation, Inc.  
Board Members & Officers  
58-1533966

Mr. Philip J. Kennedy, President, Treasurer & Trustee
The American Opportunity Foundation, Inc.
600 Galleria Pkwy
Suite 1660
Atlanta, Georgia 30339
Mr. Jack T. Hammer, Trustee
Housing Systems, Inc.
5505 Interstate N. Pkwy.
Suite 200
Atlanta, Georgia 30328
Mr. David H. Flint, Secretary & Trustee
Schreeder, Wheeler & Flint
1100 Peachtree St., NE
Suite 800
Atlanta, Georgia 30309-4516
Mr. Robert R. Derrick, Trustee
Prudential Financial
1170 Peachtree Street, NE
Suite 500
Atlanta, Georgia 30309
Mr. William F. Fisher, III, Trustee
Rice Financial Products
1170 Peachtree Street
Suite 1200
Atlanta, Georgia 30309
Kathryn T. Walker, Asst. Secretary and Chief Financial Officer
The American Opportunity Foundation, Inc
600 Galleria Pkwy
Suite 1660
Atlanta, GA 30339