

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAR 16 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F97000003170**

**1. Corporation Name**

AMERIPLAN CORPORATION

**2. Principal Office Address**

14180 Dallas Parkway

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.  
Suite 504

Suite, Apt. #, etc.  
Suite 508

City & State  
Dallas, Texas

City & State  
Dallas, Texas

Zip 75240 Country USA

Zip 75240 Country USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 6-17-97

**5. FEI Number**  
75-2452941

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$875 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 00-00

**7. Name and Address of Current Registered Agent**

Name  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

Suite, Apt. #, Etc.

City  
Tallahassee

State Zip Code  
FL 32301-2525

000003187770-7  
-03/29/00--01006--026  
\*\*\*\*900.00 \*\*\*\*300.00

**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

*Jacqueline N. Cooper*  
REGISTERED AGENT MUST SIGN

Date 3/10/00

**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/S COO	Daniel Bloom	14180 Dallas Parkway Suite 504	Dallas, TX 75240
COB/ CEO	Dennis Bloom	14180 Dallas Parkway Suite 504	Dallas, TX 75240
Dir.	Daniel Bloom	14180 Dallas Parkway Suite 504	Dallas, TX 75240
Dir.	Dennis Bloom	14180 Dallas Parkway Suite 504	Dallas, TX 75240

**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:**

*Daniel Bloom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Bloom, President

Date

2/22/2000

972-702-9856

Daytime Phone #

**KE**