

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 102

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 AM 8:00

DOCUMENT # P00000065280

1. Corporation Name

AMERICAN GENERAL DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

6118 E. TENISON STREET
INVERNESS FL 34452

6118 E. TENISON STREET
INVERNESS FL 34452

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



REINSTATEMENT 03

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/05/2000

MKD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **E1404-3686949**
APPLIED FOR

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MCCRAGE, JOHN	6118 E. TENSION STREET	INVERNESS FL 34452

600025867296
12/31/03--01010--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOVACH, MICHAEL T SR.
106 N. OSCEOLA AVENUE
INVERNESS FL 34450

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent Michael T. Kovach, SR.
REGISTERED AGENT MUST SIGN

Date 12/28/03

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/28/03
Daytime Phone # _____

CR20040 (7/03)

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Dear Sir:

I have just received a notice of
Dissolution or Revocation for my cooperation.
"American General Development Inc." This
notice was received in October 03, and was
sent over to my lawyers office unopened.
They just sent it back to me. I contacted
a lobby in your office at 3:00 PM 12/29/03. She
told me to send the application form with
a check for \$150. # Because I had not
received any previous notices.

Thank You
John Miller